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**POLICE PERCEPTIONS OF THEIR
ENCOUNTERS WITH THE MENTALLY ILL IN
THE COMMUNITY**

JENNIFER SHAW

PhD

2004

**POLICE PERCEPTIONS OF THEIR
ENCOUNTERS WITH THE MENTALLY ILL IN
THE COMMUNITY**

JENNIFER SHAW

**A thesis in partial fulfilment of the requirements for
Middlesex University for the degree of Doctor of
Philosophy**

2004

School of Social Sciences

Police Perception of the Mentally Ill in the Community

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This work is dedicated to my parents, in acknowledgment of their support and guidance.

Abstract

This thesis aims to provide an examination of the police experience of mental illness. The thesis highlights several of the dilemmas of the police, the perception of their roles and the methods used by the officers to deal with the mentally ill in the community. The police have consistently faced social problems in the community, including mental illness. There have been many changes and reforms of mental health policy over the past twenty years. This includes the introduction of community care policy. It has been acknowledged that these changes have impacted on the police and numbers of mentally ill being dealt with by the police. This thesis involves an examination of previous research into the police and the mentally ill, the policy and social context of this involvement, including an examination of pertinent mental health policy, and the practice of the police when facing a complex social problem.

Operational officers from two police stations were interviewed to gain insight into their perceptions of the mentally ill. Senior, managerial officers also participated to provide an overview of the policies of several forces. Various issues were raised concerning the involvement of the police with the mentally ill. These included the dilemma of dealing with a vulnerable group in a climate where risk is at the forefront. The police adopt various methods for managing the mentally ill. The overwhelming approach, however, continued to involve the use of police discretion. The pragmatic use of discretion appeared to be the most useful mechanism, regardless of the policy and procedure of their specific forces.

Chapter One: Introduction

1.1 Introduction

The development of the police as a research subject has witnessed numerous themes and several central issues. One of these issues concerns the link between policy and police practice. What the police can and should do is often in variance to what they actually do in practice. This linked to what is also possible within their particular communities. Questions over the role and function of the police are similarly associated, such as the distinction between law enforcement and order maintenance and the notion of keeping the peace as a feature of police work and the many forms this takes [Neocleous, 2000].

The police fulfil many functions in society, including fighting crime and protecting people and property. Overall, they generally deal with and manage problematic situations. This also includes police involvement with the mentally ill in the community. Within this role and in other roles, they rely on the use of their discretion. It is this police tool that assists in deciding on action and practice. The police negotiation of their environment is also influenced by their understanding of their main roles and tasks. This examination of the role and practice of the police has proved to be a recurring theme [Reiner, 1992a, 1992b, Waddington, 1993, 1999].

There is a long history of the police association with the mentally ill and in dealing with social problems generally [Bean et al, 1991]. Questions arise regarding the nature of this police work and the appropriateness of their involvement with the mentally ill. As Reiner [1992b] states

“ A perennial chestnut of debate around the police role has been whether the police are best considered as a force, with the primary function of enforcing the criminal law, or as a service, providing balm for a sea of social troubles.”

[Reiner, 1992b, page 139]

The ‘culture’ of the police is often the central feature that links several of the main themes surrounding police practice, whether it is the issue of discretion, the autonomy of the officer on the street or the translation of policy into practice. When examining the police world, therefore, different areas are highlighted. These areas provide an awareness into practice of the police and their involvement with both suspects and the victims of crime.

The mentally ill are a definite group who raise several issues for the police. These involve questions over how the police manage this group of mentally ill individuals effectively. One of the main areas centres on the care and control of the mentally ill by the police. Recent changes in mental health legislation have presented a complex framework for this involvement. These shifts have centred on various areas, including fundamental policy changes. Recent developments have included the introduction of community care and the transformation of mental health services. Equally, issues around personality disorder and the emphasis on risk have meant that the area of mental illness is increasingly complicated.

The need to manage the mentally ill in the community is demonstrated in the introduction of supervision registers, the Mental Health Act 1995, the proposals to manage and treat dangerous and severe personality disordered individuals, and the publication of the White Paper in December 2000, ‘Reforming the Mental Health Act’. It is this wider social policy framework that influences police encounters with the mentally ill. However, mental illness is a nebulous concept, open to subjectivity.

Organisations, such as the police, have to manage these diverse meanings and respond appropriately. This issue is important when looking at the police experience of dealing with the mentally ill.

The police have additionally faced modifications in their operational structure. These include the development of community policing, the emphasis on performance indicators and increasing demand on resources. In light of these various external policy changes and internal alterations, it is useful to examine the police management of the mentally ill in the community.

1.2 Aim of the Research

The aim of this research was an examination of the police perception of mental illness and their involvement with the mentally ill in the community. It gathered evidence from the wider social policy context of mental health. It does not, however, ignore the experience of the officers and their practice within specific locations. Equally important was the 'official' policy response of police services to the issue of the mentally ill in the community.

Operational and managerial officers were interviewed to provide details of their involvement with the mentally ill. This also included examining the policy of various police forces and looking at how they co-ordinated police practice regarding the mentally ill in their communities. Several police forces were approached, with two agreeing to allow the operational officers to be involved in the research. Numerous forces aided the process by providing relevant documents and access to officers responsible for the force's implementation of policy on mental illness. The process involved both individual and group interviews. The research attempted to provide an overview of the officers' understanding and behaviour towards the mentally ill.

The research aimed to examine the process of police involvement with the mentally ill, from their first contact through to the police solution of the incident. A main objective was to learn the nature of the police involvement with the mentally ill and how they managed such incidents. This also involved examining what the police considered to be the most appropriate solution to the social problem faced. From this, key themes were identified, which highlighted some of the dilemmas faced currently by these police officers when managing the mentally ill in the community.

1.3 Rationale for the Research

The choice of this research problem arose from a variety of considerations, both professional and personal. My previous research into the experience of black mentally disordered offenders offered some insight and interest into the dichotomies of the criminal justice system generally, as both a control and a welfare agency. The police are at the first stage of the criminal justice process. They are, therefore, at a difficult but intriguing position. Issues around their ability to identify mental illness and their practice at the interface of the mental health and the criminal justice systems suggest that the police face various dilemmas. It was these aspects which further increased my interest into the practice of the police when involved with the mentally ill.

My employment in Ashworth Hospital also provided me with an awareness of the nature of mental illness and an understanding of the diagnostic and prognostic dilemmas associated with such apparent socio-medical constructs. In having a certain understanding of mental illness, what became more interesting were the similarities in experience between the police as a social agency and Ashworth Hospital. This was in terms of culture, external assumptions and public image. My knowledge of both the mental health system and the criminal justice arena was beneficial in understanding the

experiences of the officers in this study. While this recognition is apparent, the aim was to be as independent as possible.

The police with their culture, history and development are an intriguing subject for research. The various roles and functions, the uniform with its authority and power and the police as social agents all contribute to this fascination with their actions and practice. How officers interact with the public, their interpretation of incidents and the various situational factors that characterise their involvement with the mentally ill take on further significance. For to understand this experience of the officer is to provide a perspective on the practice of policing itself. The relationship of the police to their environment, therefore, involves examining their perceptions and reactions to the issue of mental illness in modern policing.

1.4 Outline of the Thesis

To question the role and tasks of the police in their relationship with the mentally ill is also to question the function fulfilled in modern society and their involvement in the social problems. What role the police complete in their encounters with the mentally ill and how they interact with this specific group are areas which highlight several issues.

This thesis attempted to examine the main issues relevant for the police in their dealings with the mentally ill. Questions occurred as to the core issues identified by the police in their everyday practice. The research looked at previous research into not only the police, but also mental health policy generally.

One cannot ignore the process of labelling and its influence both on the recipient and the professionals involved in the mental health system. This is within a climate of fear and a belief in the link between mental illness and violence. To try and understand the

police understanding of mental illness, we need to understand the wider perspective and the social assumptions attached. When recognising these features, it is equally relevant to examine the treatment of the mentally ill, which can contribute to their involvement with the police. These issues are outlined in Chapter Two. This chapter provides a context for the current involvement of the police with the mentally ill and an examination of the key themes that have emerged. This includes exploring the meanings attached to the notion and perceptions of mental illness. Such areas as the problems of diagnosis, the current management of mental illness and the issue of risk are discussed.

Chapter three outlines the methodology and methods involved in the research. This not only outlines the research process and various issues involved in researching the police, but also attempts to outline a theoretical perspective from the work of Pierre Bourdieu. This particularly highlights his notions of 'habitus' and 'field'. These are suggested as potential perspectives on the practice of the police in their management of the mentally ill.

There are key issues raised that attempt to provide insight into the practice of the police. It could be suggested that the action of the police and their reaction to the mentally ill is the result of a 'habitus' or set of dispositions that guide them in their practice. It is also suggested that this may be a consequence of the socialisation process in becoming a police officer. Linked to the notion of police culture, Bourdieu's notions of 'field' and 'habitus' attempts to understand police action as a response to the dilemmas faced within a specific social context.

The findings from this research are divided into three main chapters. Two of the chapters deal with the discussions with operational officers, whilst the chapter six

considers the service response to the mentally ill. Chapter four examines the risk agenda and the perception of the police. This has consequences for how the police view the mentally ill. It also influences the subsequent action taken when faced with an individual with mental illness. There are dilemmas involved within this approach. This centres on the vulnerability of the mentally ill whilst maintaining an awareness of the risk issues involved. The police role as welfare agents means that officers have to use various methods to manage this conflict.

Chapter five outlines the informal methods of management employed by the police in their involvement with the mentally ill. Involved in this is the police use of their skills of persuasion and the predominance of the established police methods. Included within the management issues as discussed by the police is the consideration of outcomes. The police are aware that managing the situation not only involves the immediate factors involved, but also the placement of the mentally ill in more appropriate settings. This is far from straightforward.

Chapter six looks at the service response to mentally ill and their policy regarding mental illness. This primarily centres on the discussions with managerial officers and the relevant documents and policy developments. Five police forces participated in the research. What the findings point to are the diversity of responses and the different priorities of each police force. The reasons for such differences are various and highlight the complexity of managing the mentally ill in the community.

In the final chapter, the main issues raised from the research are highlighted. These include the police perception of the mentally ill and the methods employed to 'make sense' of the situation, such as the use of discretion. This is within the context of police policies and the influence of the police culture. Possible recommendations outlined in

the chapter focus on the practical aspects of managing the mentally ill in the community and emphasise certain areas, such as training and the development of local services.

1.5 Key Issues

There are several key issues that have emerged throughout the research, which additionally raise further questions. These include

- The continuation of the police role with the mentally ill
- The policies of the police
- The issue of risk, violence and care of the mentally ill
- The use of discretion and the informal management of the mentally ill.

The police continue to play a major part in caring and controlling the mentally ill in the community. It appears that officers still rely on the core skills of policing, including officer discretion. This is in light of the policies and schemes that have been developed to assist the police in this process. The police officers in this study maintain a pragmatic approach to policing the mentally ill. By using discretion, the police officer is an agent of interpretation and choice. Discretion guides and defines the actions of the officer on an individual level. This is also part of the culture of the police. Waddington [1999] illustrates the link between this culture and the existence of discretion. He goes on to state that,

“It derives from the discovery that police work is rarely guided by legal precepts, but that police officers exercise extensive discretion in how they enforce the law.”

[Waddington, 1999, p287]

In attempting to understand the role of discretion, one is also attempting to understand the culture of the police. However, one should recognise that the definition of discretion is multi layered, dependent on attitude, experience and perceptions. Similarly, the

notion of a police culture is not an all encompassing social construction, but is influenced by the particular force under inspection and their own ideological basis [Waddington, 1999]. How the police as an organisation transfer their main principles and philosophy is also an area of importance.

The issue of training as a method of not only imparting knowledge and awareness, but also influencing the actions of officers cannot be ignored. De Lint [1998] and Goldsmith [1990] illustrate possible ways this may be achieved. These include the use of individual judgement in a structured manner and the negotiation between the various echelons of the police in determining the ownership and acknowledgement of policy. The involvement of the individual 'street cop' [Reiner, 1992b] in policy development aims for a convergence between the objectives and expectations of the 'managerial' officers and the experience of the officer in the community. This raises several issues.

The police as an organisation attempt to answer the dilemmas and problems posed by the mentally ill in the community. To look at the organisational response is to look at the 'official' answer, directed from both governmental and local levels. The police as a service strive to formulate consistent and structural responses. These highlight what the police managers see as the main components in the management of the mentally ill and range from the encouragement of inter agency working through to individual designated police officers responsible for the issue of mental illness. The diversity of areas and the police forces within them is illustrated within the diversity of schemes and the objectives identified.

One has to question, however, whether these measures are practical and effective. The situations faced by officers in the community are complex and time consuming.

Officers are required to view each case individually, examining the various factors

involved in the situation. The subjective meanings of the individual officers involved in this process of assessing situations and finding suitable solutions takes on further importance when mental illness is suspected. The police negotiation of their social environment may still depend on discretion as a working tool.

In practice there remains a divergence between the experience and practice of the individual officer and the demands and the strategies of the organisation. As Grimshaw and Jefferson [1987] acknowledge, the methods of transferring policy to practice involve a variety of possible outcomes. There appears no smooth transition from policy to practice, but rather a complex process that involves the recognition of discretion as a maintaining force of autonomy for individual officers in the community.

The significant features identified by the police to their involvement with the mentally ill includes potentially contradictory elements;

- the presumed link between violence and mental illness
- the issues of managing the mentally ill, including the options available
- the police as social commentators
- their understanding of the dilemmas and vulnerabilities of the mentally ill in the community.

The 'symbolic mentally ill' identified by the police places emphasis on the above features. They are usually seen as both potential perpetrators and victims. The portrait of the mentally ill becomes a starting point for the police process. How they then proceed is dependent on a number of additional features, including local resources. The police experience of mental illness involves components evident in the police encounters in society generally. These include such features as the social and environmental context, the behaviour presented [and particularly 'strange' behaviour,

actions and events], the police priorities in situations and their perception of these encounters. The 'first aid' approach of policing the mentally ill is one aspect of the police experience. This has become increasingly relevant since the advent of community care and the issue of personality disordered individuals in the community.

1.6 Conclusion

The police experience of mental illness points to the continuing role of the officer as a short term, problem solver. To be a police officer requires individuals to transform into information providers and negotiators of social problems. It implies an understanding of the dynamics that define the social problem. The officers additionally aim for attainable and identifiable solutions. The interface between the social environment of the police, their roles and tasks and the socio-medical world of mental illness implies a conflict of expectations, in interactions and in outcomes.

It is not unusual to remark on the diversity of the police role. It is a constant feature and area of discussion as to whether the police are involved in order maintenance or law enforcement [Morgan and Newburn, 1998, Waddington, 1993]. Questions additionally arise as to whether they should be proactive in the prevention of crime or remain responsive to societal demands and situations. The police have to examine how they react to these situations and the various approaches available, including the idea of community policing. These areas go beyond the scope of this research. What is raised, however, are several interesting areas of debate that highlight the complexity of mental illness and the perceptions of officers in managing this particular social problem.

Chapter Two: Literature Review

2.1 Introduction

Since the formation of the police service, officers have been involved in a variety of social problems, occurrences and dilemmas. Amongst these is the issue of the mentally ill in the community. Here, officers deal with a variety of problems via a variety of methods. The expectations on the police are various; they are expected to act as carers, as social workers, working as extensions to the mental health system, in addition to adopting a community and problem solving approach to policing an isolated group. Consequently, the recent developments in mental health policy have several implications for the police; public perceptions of mental illness, risk and violence, the practice and expectations of services, and the management of diverse social needs in a climate of fear and pessimism.

The police have a principal role concerning the mentally ill and their inclusion in the criminal justice system. More fundamentally, issues around the police management of the mentally ill have become relevant. The police, aware of the rising numbers they come into contact with who are also mentally ill, realise that this contact,

“..is forming a significant part of modern policing
as more and more hospitals and other institutions
close in favour of community care alternatives.”

[Roughton, 1994, page 4]

Evidence suggests that the effect of community care, linked to the wider policy of diverting the mentally disordered away from the criminal justice system, has been to provide the police with additional responsibilities and involvement in mental health policy [Berkeley, 1995, Roughton, 1994, Stephens et al, 1994]. It is a complex process, with police association with the mentally ill challenging their normally perceived role

as 'law enforcers'. It furnishes the police with an assortment of dilemmas. This includes acknowledging the role of the police within the mental health arena. For,

“ The policehave to decide if they are peacekeeping or law enforcing, and question their occupational culture that omits references to welfare from its contents.”

[Thomas, 1994, page 51]

Predominant issues throughout this exploration highlight the following:

- the very notion of mental illness and its definition
- the various mental health policy measures introduced
- the emphasis on risk in mental health policy seen in the suggested reforms of the Mental Health Act
- the impact on the police of these policy objectives in every day encounters with the mentally ill and the management techniques they employ.

All this occurs under the dilemmas posed by issues of care and control. These points have become increasingly relevant as they highlight the complex nature of mental health, social policy and the implementation of objectives. The police form a central role as the only 24-hour service who have to manage these issues, regardless of training, understanding and willingness. It is suggested that the police provide a fundamental service for the mentally ill. The nature of mental health provision proposes that this will continue.

2.2 The Methodology and Scope of the Literature Review

When undertaking this literature review, various sources were used. These covered criminological and psychological references, in addition to areas of mental illness and policing generally. The databases included Aditus, Psychinfo, Psychlit, Cochrane, CINAHL, Medline, and the Kings Fund, with the following used as key words

Table One: Key Words

Police key words	Mental health and illness key words	Connected areas
Police Police authority Police danger Police culture Police and force Police structure Police policy Diversion Police uniform Police powers Discretion Police rules Arrests Community policing	Psychiatry Madness Mental health policy Mental illness Diversion schemes Supervision registers Personality disorder Community care Care programme approach Psychiatric admission Reform of the mental health act Mental illness and culture	Bourdieu habitus and social field Symbolic interactionism Culture Emotions Attitudes Symbols Interactions Interpretations Roles Identity

Articles and books were examined from 1960s to current research and publications. The aims for taking this approach included establishing an overview of relevant police research, key areas in mental health and social policy, and identifying key themes that have been consistent over the last thirty to forty years. The journals referred to include the following:

Table Two: Key Journals

Police and crime	Mental health and illness	Connected areas
American Journal of Police Behavioural Sciences and the Law British Journal of Criminology Criminology Criminal Justice Review Criminal Justice and Behaviour Howard Journal Issues in Criminology Journal of Criminal Justice Law and Contemporary Problems Police Police Magazine Police Review Stanford Law Review	British Journal of Psychiatry Community Care Criminal Behaviour and Mental Health Health Service Journal Hospital and Community Psychiatry International Journal of Law and Psychiatry Issues In Criminological and Legal Psychology Journal of Advanced Nursing Journal of Forensic Psychiatry Psychiatric Quarterly Medicine, Science and the Law Mental Health Nursing Nursing Times Nursing Standard Openmind Psychiatric Bulletin	American Journal Of Sociology American Sociological Review British Journal of Sociology Culture and Psychology Current Anthropology Current Issues in Contemporary Problems Deviant Behaviour Human Studies Social Problems Sociocriticism Sociological Theory Sociological Quarterly Studies in Symbolic Interactionism Symbolic Interaction Theory and Psychology Urban Life

This table demonstrates the diversity of sources, including professional papers, in addition to more academic journals. It highlights the potentially wide-ranging themes when examining the area of the police and the mentally ill. While there are distinct areas, some overlap does occur. This is especially in terms of criminality and mental health. The main use of these journals demonstrates the predominance of distinct and singular research studies into subjects such as the police. When conducting the literature review, it became evident that the main contributions to the identified areas came from North America. The reasons for this may be various, including the nature of the areas examined and the databases used.

Several key books were referred to, such as Morgan et al [1998] and Reiner [1992]. However, in identifying the relevant areas it became apparent that journals and research papers offered more insight into developments, both in policing and mental health policy. The areas that were not primarily focused on in detail included police structure, issues around substance misuse and mental illness, police performance, abstract psychological issues such as role identity and objects, more detailed analysis of sociological explanations for behaviour, specific therapeutic interventions with the mentally ill and wider issues around the mentally ill and psychiatry. While an overview was required in several of the above areas within the defined areas of the research, it was considered that extensive reference could potentially detract from the main issues to be seen in the interactions between the police and the mentally ill.

2.3 The Context of Mental Illness

Mental illness as a medical disease carries with it connotations of instability, a lack of control and odd behaviour to such an extent that it generates apprehension in those experiencing and encountering it. It is often perceived as extremes, with little

consideration given to the wide range of illness associated with mental states [Leff, 2001a]. To distinguish between mental health and illness is to question the wider perceptions of normality [Fernando, 1991]. To understand mental illness, one has to place it within a cultural context. How one culture determines mental illness is not necessarily transferable to other cultures. It appears to be a matter of interpretation.

Mental illness cannot be seen in isolation from mental health and notions of normality. An important point centres on the inclusion of the individual in wider society, with the various social norms and displays of appropriate behaviour. This society will determine the type of mental illness, its response to the 'abnormality' and the general notion of mental health. Questions around the construction of deviance and abnormality centre on how we define what is permissible and what is not. Whether behaviour is seen as 'rule breaking' or, more sympathetically, as a manifestation of distress influences how that behaviour is then managed. The effect of this labelling is apparent for both society and individual alike [Morrell, 2000]. One also has to recognise that mental illness has to be understood within an historical framework [Cohen, 1988, Fernando, 1995]. The history of mental health institutions and treatments prescribed are examples of these changing perceptions. The closure of psychiatric hospitals and care in the community are recent advancements in mental health practice. The combination of ideologies, culture and history cause difficulties in establishing a constant understanding and definition of mental illness and mental health.

The distinction between mental health and mental illness is one that is not only difficult to determine, but involves subjective definitions of normality. By definition mental health determines mental illness [Fernando, 1991]. The correlation of these two notions attempts to assess how optimum health can be achieved and maintained. To

provide an individual with a psychiatric diagnosis and prognosis is to make a social judgement, rather than an objective and medical assessment of their condition [Johnstone, 1989]. As there is no definitive formal physiological measure of mental illness, any conclusions and determinants of illness are achieved through descriptions and judgements. Attempts to minimise the internalised procedure of diagnosis, to provide a semblance of scientific objectification in mental illness diagnosis and to instigate a viable and clear system have resulted in the implementation of universal schemes of identification.

The formal systems of diagnosis are embodied in the Diagnostic and Statistical Manual of Mental Disorders [DSM] and the International Classification of Diseases [ICD]. Kirk and Kutchins [1994] outline the initial claims of the DSM system, of its insistence in a scientific foundation through evidence and the belief in its' diagnostic reliability. The psychiatric profession has viewed DSM as presenting an image of legitimacy and power via established language, research and uniformity [Kirk and Kutchins, 1994]. Any argument that expounds the effectiveness of such a system of diagnosis, and its subsequent influence upon the treatment options available, has to be aware of the changes that have taken place within DSM. In the course of its history, hundreds of revisions have occurred, each claiming to increase its level of scientific credibility. In questioning the revised editions of DSM, it is noted that

“ .. unless past claims by proponents of DSM are scrutinised in light of the scientific evidence we are unable to evaluate the extent to which science and systematic evidence support the process of continual revision.”

[Kirk and Kutchins, 1994, page 72]

In assessing the reliability of DSM it becomes apparent that, as with other methods of assessment, it is prone to interpretation and reinterpretation and equally dependent on

the clinician. The research by Kirk et al [1994] indicates that not only are the claims of objectivity, and hence scientific reliability, premature, but that questions of methodology need to be addressed.

2.4 The Role of Psychiatry

It has been argued that psychiatry will explicitly control individuals who do not fit the collective sense of normality [Fernando, 1995]. Johnstone [1989], following the social deviant labelling arguments of Goffman [1961] and Scheff [1966], sees psychiatry and the use of the medical model as being the main instruments in labelling deviance as 'illness'. In doing so, it effectively and legitimately controls those labelled. Psychiatry is also determined by, and follows, the social and ideological climate. It acts in a manner relevant to the period and in conjunction with the perceived norms. This is an argument put forward by others, including Francis [1996] who maintains that the medical and welfare establishments have the aim of 'policing' and supporting the social order.

From its inception, psychiatry has acted as a means of social coercion and constraint [Fernando, 1995, Rose, 2001]. The use of the medical model to justify the control of those labelled deviant, different or irrational is a point that is often used in the critique of psychiatry. While there has been a recognition of the influence of social factors, there is still an over reliance on the medical model. This traditional view of mental illness diminishes the wider issues involved in constructing and defining mental illness. The emphasis is firmly placed on biological and disease notions of illness [Littlewood, 1991].

This presents difficulties when looking at cultural distinctions in the presentation of mental illness and resulting treatment modalities. What is apparent in Littlewood's

[1991] argument is the importance of the moral values inherent in psychiatry. Included within this argument is the pattern of relationships between, what he terms, the 'colonial' psychiatrist and 'subject peoples'. The consequence of medicalising episodes and events is to ignore cultural and individual experiences. Psychiatry, confirming the arguments regarding the use of DSM, cannot be viewed as a 'pure' science, with objective measures and criteria. For,

“ The attempt to exclude social meaning and context from psychiatric theory itself does not automatically render our discipline value free and universal. Indeed, the reverse.”

[Littlewood, 1991, page 700]

The supposed universality of psychiatry's theories and methods poses obstacles for the implementation of a reliable trans-cultural system of diagnosis and treatment. In the pursuit of the general and transferable notions of illness and disease, psychiatrists often have a firm belief and bias towards ascertaining similarities across cultures [Kleinman, 1987]. However, evidence from other studies [such as the World Health Organisation's examination of schizophrenia] demonstrates differences between cultures rather than clear similarities. As Kleinman [1987] claims, it is the professional beliefs that accentuates similarities and diminishes what appears to be culture specific.

The framework of mental health practice demonstrates an imbalance, both in diagnosis and legislation. It favours the professional status and opinion of the medical profession to the potential detriment of patients. As Crepaz-Keay [1997] states,

“ Any legislation which relies so heavily on something as subjective as a psychiatrist's diagnosis of mental disorder has no place on the statute books.”

[Crepaz-Keay, 1997, page 5]

An appraisal of the medical model, with the relative autonomy of the psychiatrist, has criticised the subjectivity enshrined in such an approach. The remarks of Crepaz-Keay

[1997] echo the anti-medical focus of much of the critique of the system. In particular, the legislation demonstrates the difficulty in defining and balancing the rights and needs of the patient against medical perception, opinion and behaviour. It transpires that increasing restrictive measures, such as supervision registers, serve the domination of psychiatry and the medical system generally. As Dallaire et al [2001] argue, the systems of criminal justice and mental health preserve their role as maintainers of social order. They continue to justify their position as guardians of social normality, partly in response to mental illness being seen as “ somewhere between ‘badness’ and ‘illness’ ” [Dallaire et al, 2001, page 133].

The perpetual image of the mentally ill person that has dominated the popular view is one of the dangerous schizophrenic, considered too ‘unstable’ to be maintained in the community [Swanson et al, 2000]. There is also a stronger element involved, for

“society fears people who are unpredictable or incomprehensible
far more than those who are simply dishonest career villains.”
[Murphy, 1991, page 198]

It is this fear and paranoia of mental illness and the mentally ill which has contributed to their detachment from wider society and the imposition of controls. It is a fear that does not appear to have any firm grounding in reality.

2.5 The Fear of Violence and the Risk Agenda

The combined perceptions of fear, danger and mental illness have an extensive history. The westernised idea of mental illness is associated with a number of negative beliefs [Cohen, 1988]. It is also surrounded by the specific view that psychiatric patients are both violent and dangerous [Department of Health, 1998, Neuberger, 1997]. In response to this fear, assessment and treatment options are often designed to contain, becoming more punitive rather than providing care and assistance.

Recent ideas of mental illness have tended to connect mental illness with violence. This has led to the concentration on risk assessment and risk management in clinical practice [Mullen, 2001]. These issues imply a balancing of public safety with individual human rights [Szmukler, 2001]. This prominence on public safety is evident in the reforms of the 1983 Mental Health Act [Birmingham, 2001, Home Office and Department of Health, 2000]. The current risk agenda has not only changed the perception of mental illness, but has also redefined how that mental illness is managed. The concept of risk contains many preconceived ideas, notions and procedures. Essentially, it is a clinical and legal paradigm [Dallaire et al, 2001]. There is a danger for the clinician that if any risk becomes real, the condemnation of their actions will be immense. As Mullen [2001] states, a blame culture is active within the mental health field. This is coupled with

“..increasing punitive attitudes towards deviance of all kinds.
...the mentally disordered all too easily are placed into the role
of potential perpetrator in need of containment with the mental
health professional being held responsible for ensuring such
control”

[Mullen, 2001, page xv]

As definitions of mental disorder change over time [Busfield, 2001], the current emphasis on risk has to be seen in light of recent public concerns and moral panics [Morrall, 2000].

The need for assessment and management to contain and restrict serves several functions. It enables the removal or distancing of the cause of this fear, thereby minimising anxiety. Only when there is a serious incident is this paranoia prompted [Peryer, 1995]. This reinforces the public panic towards the mentally ill, reaffirming the belief that the mentally ill now pose an increased danger [Neuberger, 1997]. While ‘danger’ is a frequently used term, there is limited consensus as to what constitutes

‘dangerousness’ or ‘dangerous behaviour’. The link between mental illness, dangerousness and violence is firmly ingrained into the public conscious [Harrison, 1997a]. This is reinforced by combining dangerousness and risk with unpredictability [Dallaire et al, 2001]. As a consequence such connotations have powerful influences on services, perceptions and individuals. This frequently distorts reality.

When looking at the overall level of violence in society, the amount committed by the mentally ill is small [Boyd Report, Confidential Enquiry into Homicides and Suicides by Mentally Ill, 1994,]. The number of homicides committed by psychiatric patients is also relatively slight when compared with the overall number of six to seven hundred murders per year [Boyd et al, 1994]. Munro et al [2000] confirm this finding, noting that the rate of homicides by the mentally ill has shown no increase since the implementation of community care. Leff [2001b] goes further and argues that there has been a reduction in the level of violent acts committed by the mentally ill.

The major change has centred on the public perceptions of increased risk. This illustrates that the fear of violence and serious offending by the mentally ill is greater than the reality [Eaton, 1996]. Underpinning these areas is the public necessity for, what Bynoe [1992] terms, ‘certainty and absolute security’, an assurance that cannot be effectively achieved. The lack of a realistic foundation in the portrayals of the mentally ill, however, does not alter the perceptions concerning mental illness. It can often carry associations with criminal activity especially with involvement in the criminal justice system. Laberge and Morin [1995] note not only the increased numbers of mentally ill involved in the criminal justice process, but also the subsequent increase in the criminality of the mentally ill, which is further confirmed by Bonovitz et al [1981].

Any discussions surrounding the mentally ill and crime, however, involves an examination of the inferred dichotomy between the concepts of 'mad' and 'bad'. In some instances, there is a clear distinction. The mentally ill are not conscious of their actions or behaviour and are not fully aware of the consequences of any actions or offences committed. Subsequently, they may not be viewed as corrupt or criminal. This distinction, however, does not appear in the cases of those with personality disorder, where a myriad of images and assumptions are produced. This particularly evident when discussing the case of the 'psychopath'.

The notion of the 'psychopath' has social and clinical implications [Reed, 1996]. The introduction of proposals for the indefinite detention of severe personality disordered individuals is based on perceived risk, rather than actual behaviour or offences [Mullen, 1999]. The fear of psychopathy and personality disorder, in its various guises and categories, has contributed to a development in risk management and the incarceration of individuals based on assumptions of what they might do. While in the domain of mental health services, the suggestions put forward combine notions associated with the criminal justice system, primarily of anti social behaviour and high levels of risk.

Complications around notions of dangerousness and violence make the overall situation difficult to assess. The debate on mental illness and violence and the lack of agreement concerning definitions has repercussions not only in possible outcomes for the mentally ill, but also in the wider perceptions of mental illness. The part that the media play in accelerating and reinforcing these views is important to consider [Busfield, 2001].

While it is not fair to argue that the media as a whole have helped to form distorted images, a significant majority have contributed to the image of the mentally ill as potentially dangerous [Linehan 1996b]. The effect of this discrimination on the

mentally ill is seen in the combination of the media's statements with public assumptions through to the actions of legislators and clinicians. It corroborates the view that the mentally ill require some form of control [Swanson, 1996].

This ultimately reinforces the maintenance of the mentally ill away from society, making them invisible. Swanson [1996] goes as far to state that the wider community is not prepared to accept these individuals, a point partly illustrated by the failure of community care policy. It is not only the discerned dangerousness or the inadequacies of risk assessment in care in the community practice that has produced a sense of failure [Francis, 1996]. A contributing factor has been the relatively recent exposed nature of mental health policy. This has helped present a distorted picture. As Francis argues,

“ the comfortable walls which separated madness from the community for two hundred years are beginning to crumble.”
[Francis, 1996, page 4]

The erosion of the distance between the mentally ill and the outside community has resulted in making them visible [Munro et al, 2000]. Whatever the result of this visibility and increasing reliance on risk assessment, the mentally ill have to be seen as equally vulnerable. They face an array of discriminate treatment regimes aimed at control and segregation.

2.6 The Vulnerability of the Mentally Ill

Much research has examined the experiences and situation of the mentally ill [e.g. Harrison et al, 1989, McGovern and Cope, 1989]. It tends to focus on the factors that led to admission and the utilisation of certain sections of the Mental Health Act 1983. It is clear that the reliance on the use of drugs, in hospitals and in the community, and the deaths of psychiatric patients illustrate the predicaments many experience [Rickford, 1995b, Rogers et al 1993, Teevan, 1996, Waters, 1995b, Whiteley, 1996a]. The

restrictions in consent to treatment, the lack of information provided to patients [Rogers et al, 1993] and the overall disdain placed upon mental illness have left many without the ability to question and determine their own situation.

One of the most constraining elements of mental health legislation centres on the use of compulsory detention. Over a five-year period, detentions under the Mental Health Act 1983 increased by forty five per cent [Ogden, 1997, Whiteley, 1997c]. One feature has been the increase in the number of men detained, especially under Part II of the Act. The rationale for this may be partly as a consequence of the failure of community care. However, this explanation is too simplistic [Ogden, 1997]. While it is a contributory factor, there are other elements that have influenced the rise in formal detention.

The decrease in the number of hospital beds available for the assessment and treatment of mentally ill patients has meant that patients need to be seriously ill before they are admitted. This has meant that the hospital's atmosphere is far from caring or beneficial for treating mental illness [Ogden, 1997]. The result of this has been to make patients reluctant to be admitted on a voluntary basis. They reach a level of crisis, a level that may demand the attention of the emergency services, including the police. The professionals, aware of public perceptions, are reluctant to then discharge people into the community.

There is an additional difficulty in discharging patients when there is a limited supply of adequate housing and services that can maintain the mentally ill within the community [Leff, 2001b]. In this sense the policy of community care has been a factor in this increase. For the increase in the number of men being detained, Ogden [1997] argues that the power of the public view and its association with violence has meant that more are being detained as an antidote to this concern. As Leff [2001b] argues, this

perception, in conjunction with the realities of mental health policy, has provided a rationale for explaining the failure of community care. How this 'reality' for the mentally ill differs from their assumed dangerousness, instability and incapacity can be seen by the treatment imposed. Any treatment is fraught with complications, contradictions and uncertainties. The dichotomy between care and control demonstrates the problems in balancing safety with care.

What exacerbates the situation of the mentally ill and increases the difficulties for agencies are economic and social factors [Leff, 2001b]. Mental illness cannot be merely seen as a medical concept, to be treated via medical solutions. A wider picture of the socio-economic factors has to be taken into account, including homelessness and unemployment. A number of studies have examined the social and demographic features of the mentally ill who come into contact with the criminal justice system. They have identified significant areas in their respective study groups.

Research examining the use of section 136 notes the demographic features of identified groups of mentally ill [Rogers and Faulkner, 1987, Roughton, 1994]. A significant proportion are homeless, unemployed and likely to be relatively young, usually between seventeen and thirty-five years old. Psychiatric involvement and the use of in-patient facilities are equally relevant themes, with many experiencing previous in-patient treatment [Rogers and Faulkner, 1987]. Robertson [1988] confirmed that those with schizophrenia also suffer from grave social segregation, with many experiencing limited social support. However, these examinations do not assess the full extent of the involvement of the mentally ill in the two systems. This is no clear indication of the numbers involved, receiving formal or informal assistance. The exact numbers of

mentally ill processed or the circumstances that lead to such involvement may not be extensively known.

The situation of black mentally ill people, furthermore, demonstrates a more acute form of discrimination. They experience austere forms of treatment, both medically and socially [Bhui et al, 2003]. They are subject to a process of labelling and stereotyping that not only stigmatises their mental illness, but also includes assumptions around potential criminality and ethnicity. Francis [1993] argues that black people are extensively over classified as mentally ill; they are over five times more likely to be diagnosed than the indigenous British population. There is a reliance on stereotypes to classify and categorise the black and ethnic populations, with images of hostility, violence and danger [Wilson, 1997]. Therefore,

“ Perceived differences between racial and ethnic groups
conjure up much racial imagery that is unconsciously introduced
into social encounters.”

[Bhui, 2003, page 10]

The use of compulsory admission for black people averages sixty per cent, where they are also more likely to be detained as ‘offender patients’ [Cope, 1990, Sashidharan, 1994, McGovern et al, 1987]. This is particularly the case for young black males, where the rate is twenty five times that of the comparable white group [McGovern et al, 1987]. The black mentally ill are more likely to have access to services via non-medical agencies, such as the police. They are more likely to face not only increased use of medication, but also higher doses [Sashidharan, 1994]. The argument put forward is that these experiences are a result of the assumptions around race and madness, reinforced by the use of explicit coercive psychiatric practices.

We cannot ignore how mental illness is perceived and the resulting management of those labelled. There is a disparity between the general view of the mentally ill and the reality for many diagnosed. The vulnerabilities of the mentally ill are secondary to the apprehension around danger, violence and risk. The image of the mentally ill has allowed various developments in practice to emerge. Since the advent of community care, several new initiatives have continued to place emphasis on risk and the management of challenging behaviour. The consequences are wide ranging. To fully understand the implications of recent mental health policy, it is beneficial to examine developments in legislation and practice.

2. 7 Mental Health Policy

Mental health policy and practice has changed significantly in the last thirty years. From the endorsement of community care, the introduction of supervision registers, the development of community mental health teams, the modernisation programme of the NHS to the launch of the National Service Framework and proposed reforms of the Mental Health Act, there have been fundamental changes in the ideology and provision of services. Several additional themes have equally transferred into mental health policy, notably modernisation, social exclusion, partnerships and service user involvement [Higgitt et al, 2002]. The rise of mental health practice in recent decades as a controversial area of social policy can be witnessed in the presentation of community care.

2.8 Community Care Policy

Community care conceptualised the ideology of several generations of policy makers. It covers a divergent array of objectives and arrangements. Its foundation and development towards its current form can be traced back to the administrations of the

early 1950s and 1960s [Goodwin, 1990, Hadley and Clough, 1996]. Community care policies are also connected to the idea of a 'welfare state', with services being based on equality of distribution and delivery. With the formulation of policies and services to cover wide sections of public life, the concept of community care had not only the opportunity to expand, but also to verify itself as a major ideological and practical solution to a variety of social dilemmas.

Community care has a contentious history. Several key components are identified enabling its expansion in mental health policy [Goodwin, 1990, Hadley and Clough, 1996]. These elements range from the emergence of new types of medical treatment for the mentally ill and the potential cure of mental illness to more fundamental issues, such as the growth in resources. On a practical level, this move towards community care envisaged an increase in staff and resources to coincide with the wider expectations of public services. The significant feature of these changes included the integration of mental health into the wider health and general welfare systems [Goodwin, 1990]. This was also linked to the recognition of mental disorder as a social problem, which was receptive to medical involvement and solution. The reliance on the medical model in the community was further heightened by the use of new drug treatments. Underpinning these approaches was the principle of 'normalisation' or 'social role valorisation' [Hadley and Clough, 1996, page 11]. Included in the political, ideological and economic climate was the awareness and belief in consumer choice. By integrating services, a process was envisaged that allowed for more independence and social integration in the community.

However, other ideological and philosophical intentions surrounded community care. These rested on the basic conjectures concerning the care of the mentally ill. This was reinforced by an increasing emphasis on the discharge of patients from mental hospitals. The main critique of the treatment of mentally ill centred on institutionalisation and the arguments of the 'anti psychiatry' movement. It primarily raised issues concerning the detrimental effect of mental institutions. This realisation and the publicised episodes of cruelty against patients challenged the justification of psychiatric hospitals [Goodwin, 1990]. A critique of the welfare state at the end of the 1970s and the beginning of the 1980s pointed to a general acceptance of community care as a distinct policy objective. The ideology of the Conservative government in the 1980s further allowed community care to be firmly established within a wider political framework. The impetus for community care, therefore, increased.

The culmination of this shift was the National Health Service and Community Care Act 1990. By questioning the role of the state as the main provider of social and health care, the ideology of mental health policy reinforced the principles of community care. It aimed to provide justification for community care policy, while appreciating the previous decades' failures. The fundamental principles behind the 1990 Act included choice, empowerment and partnerships between clients, service providers and agencies [Vaughan and Badger, 1995]. The central objective of community care was to enable clients to live as normally as possible by supplying services that were not only flexible, but also based on a concept of minimal intervention [NACRO, 1991, 1993b].

The process designed to put community care into practice involved care management in social services and the care programme approach in the health service. The systems encouraged a more comprehensive assessment process, intending to meet the needs of

the client effectively. Many of the elements of the care programme approach previously existed within the health service [Hamilton and Roy, 1995]. The inclusion of such components as clinical and social plans and user consultation introduced 'fundamental changes' [Hamilton and Roy, 1995, page 35]. Golding [1996] adds that this approach ensured that people with chronic and recurring mental health problems were identified and provided with the most appropriate package of care.

The replacement of a relatively uncomplicated system of mental health care provision with a large entangled administrative and financial organisation led to difficulties in managing care in the community for both social service and health staff [Hadley et al, 1995]. The result of the 'fragmentation of responsibility and funding' has been to leave the mentally ill with little effective service provision [Hadley et al, 1995]. As no lead agency has distinct responsibilities, the question of accountability is obscured. With this lack of direct accountability, the issue of definite boundaries compounds the workings of community care.

The care management and care programme approaches were recognised as the main constituents of this situation, with similarities in approach and reproduction of work [Hadley et al, 1995]. The situation has, therefore,

“ ...also accentuated the differences between health and social services teams and [has] probably made joint working more, rather than less difficult.”

[Hadley et al, 1995, page 1557]

Prior to the formation of current policy it was acknowledged that the distinction between health and welfare was difficult to maintain. Whether such a distinction was considered necessary is debatable. Nevertheless, the philosophy of multi agency work today encourages a convergence of agencies' objectives and working to the benefit of

the client and their needs. The aim of improving agency co-ordination was an important theme in the foundations of community care [Goodwin 1990].

One factor that has intensified the situation for authorities is the obligation to provide care for the mentally disordered offender [Reed, 1992]. The proposals of the Reed Report [1994] and the resulting policy of diversion from the criminal justice process have exacerbated the situation, placing pressure on the health service [Deahl, 1996]. Nevertheless, these procedures result in increasing the numbers of individuals who come into contact with the police, as limited resources fail to maintain a substantial level of care and service. The desired effect of diverting the mentally ill away from the penal system is limited by the lack of provisions outside the system. Such inadequacies in policy have achieved the opposite result by attracting more mentally ill to the police in the search for care and assistance [Roughton, 1994].

Those who come into contact with diversion schemes often perceive the police as an agency where they can access treatment. These actions involve the police inadvertently into the process of caring for the mentally ill, bringing them to the forefront of the widely publicised care 'crisis' [Bradley-Taylor, 1996, Rickford, 1995a, Ritchie et al, 1994, Whiteley, 1996b]. The result of this has been a reappraisal by the police of their methods of work with the mentally ill and with other agencies.

There are shortfalls between the expectations of community care policy and the reality of resources. There is an acknowledgement that community care has failed to reach its objectives [Leff, 2001b]. One criticism has been the lack of community and the limited emergence of services. The very notion of community carries diverse opinions and definitions. It also has implications for how psychiatry and the mental health system operate within that community [Rose, 2001].

The main criticism relates to the fact that the closure of psychiatric beds has not been matched by adequate services within the community [Healy, 1997]. A survey carried out by the Royal College of Psychiatrists found that bed occupancy in many hospitals was continuously above 105 per cent. Leff [2001b] notes that there now remain only fourteen specific psychiatric hospitals out of a 1975 total of one hundred and thirty. What has developed in response are more diverse systems of care, incorporating community mental health teams and crisis intervention. The fact that mental health policy is perceived to have failed, regardless of initiatives and developments, has led to further proposals that aim to 'tighten up' the uncertainties in the system.

2.9 Developments in Mental Health Policy

With many conflicting and demanding expectations placed on community care policy, it was evident that a form of resolution was required to stabilise the framework. These additional measures have the effect of developing control mechanisms which were once in the domain of the hospital [Rose, 2001]. These changes impinge on the mentally ill and their rights. The reluctance to question the foundations of community care places pressure on the introduction of such measures as supervision registers, supervised discharge and the reorganisation of the mental health care system to provide solutions to many of the problems identified.

The reasons for introducing a collection of measures to supplement and expand on community care are various. Some, such as the Mental Health Act 1995, have been partly in response to the inquiries into homicides by care in the community patients. The suggestions and proposals concerning the structure and practice of mental health policy aim to establish a more efficient system, utilising existing services and

diminishing the voids in provision. These comprise notions of risk, supervision and intensive treatment.

One process that has emerged in answer to these issues has been the introduction of supervision registers [1994]. One benefit of the register is the dissemination of knowledge between agencies regarding specific clients. The focus, however, centres on both the identification of the serious mentally ill and the maintenance of suitable treatment. Those to be included on the register are deemed to be at risk of harm to themselves or others. It was originally perceived that there was a discrepancy between those needing treatment and those in contact with services, partly due to the inadequacies of community care. Again this included a belief in the potential risk of a minority of mentally ill individuals [Bean, 2001]. The need for firm controls can be seen within the context of 'community safety' [Bean, 2001]. This and subsequent measures are a response to this requirement. Within this debate, several areas of concern appear when this mechanism is examined.

Coffey [1995] raises issues concerning the power relationship between client and professional and the possible dilemmas such a scheme imposes. The use of the power in the implementation of the register has ramifications for the concept of care. The profession of psychiatry, in particular, reinforces its position as social control agents [Coffey, 1995, Cohen, 1988, Fernando, 1991, 1995]. With the introduction of supervision registers, the imbalance of power and the administration of tighter controls over the client/patient continue. Advocates of the register have argued that such a process would not only protect the public by maintaining closer contact with the patients, but would assist in targeting the right services for the patient. Yet there is anxiety over the possible infringement of the patient's civil rights and the encroachment

of confidentiality that may arise with information passing between agencies more frequently. What makes the situation complicated, however, are the unclear criteria for inclusion on the register and the very notion of risk [Bean, 2001, Bindman et al, 2000]

Since the introduction of the register, its function and effectiveness are questionable. Bindman et al [2000] have concluded that, while all Trusts have implemented local registers, there is extensive variation in practice. More disturbingly it has failed in its initial intention; no definitive group of mentally ill are identified through its use and many of those placed on the register have no documented record of risk indicators [Bindman et al, 2000]. Issues around the assessment of risk continue, particularly in light of the limited developments in risk assessment. The benefits of supervision registers have been neglected in response to the preoccupation with risk and fear of violence. The fact that services may now dispense with the register in favour of a more thorough care programme approach illustrates that these mechanisms often have insurmountable problems [Bindman et al, 2000] and have limited value in clinical practice [Bean, 2001].

In conjunction with supervision registers, further legislative answers were developed, chiefly the Mental Health [Patients in the Community] Act 1995. Various obligations were placed on health and social services to ensure that patients discharged from hospital continue to receive the necessary treatment. The aim of ‘supervised discharge’ is to ensure a continuity of treatment and maintenance of contact with the mentally ill perceived to be in need of supervision. The ideas put forward by the 1995 Act were considered for a substantial period, prior to implementation. The particular notion of compulsory care in the community has existed for many years. In 1986, the Mental Health Act Commission put forward this proposal. In 1987, the Royal College of

Psychiatrists suggested the introduction of 'community treatment orders', reinforcing this with new recommendations in 1993 [Coffey, 1996]. These proposals are close to those put forward in the final act. Equally the principles behind the measures are reinforced by the suggested reforms of the 1983 Mental Health Act [HMSO, 2002].

Again the Act, and in particular supervised discharge, is characterised by variation in practice. Since 1996, the numbers being placed on this order have remained relatively small [Bean, 2001]. It does not address the fundamental issue of resources. While it is important that patients receive the necessary treatment, imposing more controls and constraints does not equate with effective services. Issues concerning supervised discharge echo the concerns shown with the implementation of supervision registers. The particular section that attracted consideration is the power to 'take and convey'. This power can be activated when the patient fails to fulfil any of the requirements of their discharge plan. This also influences the role of the police with the mentally ill. The incorporation of the police in the implementation of this power potentially occurs when the supervisor believes that the patient is reluctant to comply with the conditions, and nominates the presence of the police to assist in the patient's removal to their place of work or return to hospital. This section places an unwarranted, controlling aspect on the mentally ill, reasoning that they,

"...will be subject to the 'power of arrest' for no apparent purpose."

[Harris, 1995, page 5]

Both the supervised discharge and registers personify the importance of managing the mentally ill in the community through close supervision and monitoring. Yet they relinquish several of the expectations of a balanced mental health system. Rather it transpires that this process of supplementing existing procedures with further reform will continue;

“In a few years time, there will be complaints that the existing system is not tight enough and allows certain types of patient who are considered dangerous to slip through the net. The demand will be for new controls for this group.”

[Bean, 2001, page 76]

The climate of mental health provision has been symbolized by repeated revisions and embellishments. The changes in mental health policy have not merely been in the legislative context. They have included modernisation programmes and organisational reforms.

It was evident that the national health service generally and mental health particularly required some form of modernisation. The National Service Framework [1999] aimed to provide an integrated system, encouraging partnerships between a variety of agencies and services [Bowler et al, 2001b]. The introduction of crisis intervention teams equally altered the provision and delivery of services.

Recent policy developments have also extended the remit of many services, particularly in the area of personality disorder [Department of Health, 2003]. While the main proposals are ‘implementation guidelines’, they urge services to initiate clinical models for the exclusion of individuals with personality disorder in mainstream services. This has been accompanied by resources and funding aimed at the development of specific services for those with personality disorder [NIMHE, 2004]. Equally the changes to the Mental Health Act 1983 have potential ramifications for mental health services and patients.

2.10 The Reform of the Mental Health Act

When examining the development of mental health policy, one pertinent factor is identified. Any suggestions for change and reform occur after one or two incidents,

usually homicide, which involves an individual with mental illness. In the case of the reforms of the mental health act it is the case of Michael Stone in the late 1990s.

Michael Stone was convicted of the murder in Kent of a mother and daughter. He was seen as suffering a 'untreatable' personality disorder by professionals, after frequently presenting to services. Criticism was targeted at these professionals and their refusal to treat Stone as a result of his diagnosis [Steele, 1998b]. What raised concerns was their inability to manage individuals who posed a high risk and were seen as unreceptive to treatment.

The latest developments continue to stress the risk of the mentally ill and the need to control their actions and behaviour. While supervision registers and the 1995 Act targeted a specific section of the mentally ill, the proposals for the reform of the 1983 Act extend the remit of risk. The White Paper, 'Reforming the Mental Health Act' [HMSO, 2000] argues for new structure; a legal framework to implement the compulsory treatment of individuals in the community and the introduction of provisions for those considered high risk. The paper acknowledges the difficulty in defining mental disorder and the existing emphasis on the perception of treatability. It goes one step further in arguing for the transference and maintenance of the powers evident within the hospital environment to the community.

The potential realisation of compulsory powers in the community for mental health practitioners and the enforcement of treatment compliance are responses to the fears generated by the visibility of the mentally ill in the community. The dilemmas posed if such legislation is evoked are various, not only for public sector agencies, but also the rights of the patients themselves.

The proposals concede that, since the demise of psychiatric hospitals, the organisation of mental health provision has changed. The place for treatment occurs principally in the community [Grounds, 2001]. It therefore seems sensible to increase the powers in the community to reflect this shift. However, in light of the criticisms of community care and the nature of mental health policy generally, there is a growing suspicion towards these suggestions [Goodwin et al, 2002, MIND, 2001]. They focus on the familiar balancing of patients' rights with public protection. As with the proposals for the preventive detention of those with personality disorder, the White Paper argues for the compulsory treatment of mental illness against the will of the individual.

Ideologically, the reformed act would emphasise 'compulsion at the expense of safeguards' [Grounds, 2001, page 387]. How the final act will look is open to debate. However, it continues thirty years of increasing controls and management methods on a group who typify the experiences of the socially excluded.

This overview of mental health policy and community care demonstrates several key themes. The constraints on resources, the restrictions in agency working and the negative perspectives on mental illness and mental health policy have contributed to limitations of practice [Bowler et al, 2001]. Clear deficiencies have been identified. How these shortcomings are to be addressed concerns agencies such as the police. The effect of mental health policy on the police and their work occurs on various levels. It appears that the police are still being asked to fill the 'gaps' left by the mental health system [Bowler et al 2001].

2.11 The Police and Mental Health Policy – their 'formal role'

The police operate with various legal and governmental objectives. These include consideration of police resources, both legally and materially. Equally, the wider policy

context has relevance for the authority and remit of the police within the mental health arena. In addition to the legislative framework, seemingly non-related policy has an influence and impact on the work of the police. As within other areas of police work, such as child protection, the police encounter situations that extend the remit of their every day work. There is an acceptance of police involvement in society's many dilemmas and social problems. Therefore, the policy dictating the treatment of the mentally ill affects, on occasions indirectly, the experience of the police. The police have a policy framework in which their interactions with the mentally ill are not only influenced but also determined.

The previous analysis of mental health policy and community care has identified key areas connected with its practice and functioning. The closure of psychiatric hospitals, the concept of social integration of the mentally ill within the community, the shortfall between these expectations and the policy in reality and the problems of cross organisational work have all placed limitations on community care. Agencies have experienced various complications, reorganisations and challenges in providing a reasonable level of care. Individuals experiencing mental health problems have witnessed fluctuating levels of care, leaving some isolated. For the police as a social agency, these occurrences have presented them with additional challenges.

The police have an established and accepted role in dealing with social dilemmas. In their practice, they can 'be considered as gatekeepers between the mental health and criminal justice systems' [Doyle et al, 1994, page 118]. When dealing with the mentally ill, the police call upon the various aspects of their practice and skills, including assessment, discretion, quick decision-making and the requirement for multi agency work. Their role in dealing with the mentally ill raises questions around responsibility,

appropriateness and compatibility with their overall function. They are often seen as the 'secret social service', acting as a bridge between the mentally ill and relevant agencies [Thomas, 1994]. This is a function frequently associated with the police prior to recent mental health policy.

The starting point for this association is important. As Harrison et al [1989] discovered, the mentally ill are more likely to come into contact with the police at a time of crisis. This is particularly when there is difficulty in accessing other, more relevant, services. Many fail to achieve access to more suitable treatment regimes [Birmingham, 2001].

Stephens et al [1994] further claim that the exposed instability and florid behaviour of the mentally ill generally, with their visibility in public places, escalates the probability of police contact. It is frequently acknowledged that the number of mentally ill coming to the attention of the police is increasing [Community Care, 1997, Police Review, 1996c, Roughton, 1994]. The actual figure is hard to ascertain. There is difficulty in gaining accurate figures for section 136 specifically [Rogers and Faulkner, 1987, Bean, 2001] and the more informal contact between the mentally ill and the police. This is the result of a lack of monitoring of incidents and the variations in police practice.

The police involvement with the mentally ill covers both criminal and welfare themes [Bean et al, 1991]. For,

“...where a mentally disordered person has committed an offence it is often an individual officer's discretion which is the primary determinant of whether the case becomes a crime matter or a welfare matter.”

[Bean et al, 1991, page 3]

The police are being called upon to deal with psychiatric patients who are both homeless and isolated [Berkeley, 1995, Leff, 2001, Roughton, 1994, Waddington,

1993]. For many the transition from institutionalised medical care to penal incarceration via the police is quick and inevitable. The police are constantly reacting to a situation they did not initiate. How they do this, however, is largely determined by individual forces, their involvement in formal schemes and the existing philosophy of the police culture. The involvement of the police as one of several public agencies should come as no surprise.

Stephens [1994] notes this prevalence. For sections of the mentally ill, the process may involve frequent associations with the police, culminating in the common phenomena of the 'revolving door syndrome'. Bean et al [1991] state that of the cases in their study, twenty five per cent were known to the police, with thirty per cent having a criminal record. The fact that the police were acquainted with a significant minority raises some concerns regarding their use as a 'social care agency', and the type of care being experienced by this group. Further, the sustained movement of the mentally ill from one agency to another is characterised by a low level of supervision in the community and inadequate treatment.

Gardner and Pugh [1996] found that those discharged from hospital to voluntary administered homes have a higher rate of police involvement and re-admission to hospital. Hennessy [1995] comments that the police are routinely in contact with the same group of mentally ill. In interviews with the police, Hennessy [1995] was surprised at the immense quantity of time the police spent dealing with the mentally ill. This was complicated by the fact that the police recognise these numbers are a fraction of the mentally ill in the community.

2.12 The Police and Mental Health Practice

Through mental health legislation and police powers, officers can formally become involved in the care and supervision of the mentally ill. Besides the more direct method of accessing police involvement through criminal activities, the mentally ill and the police can be brought together through the use of specific sections of the two Mental Health Acts. For example, section 136, as the part of the 1983 Mental Health Act, enables the police to remove a mentally ill person to a place of safety, namely a hospital, or if necessary, a police station [this is described further on page 55].

This section typifies the dilemmas for policing. While attempting to provide care, the police are often criticised for their involvement in mental health matters [Bean, 2001]. One has to remember that regardless of the legislation and the options available, the likelihood of police contact with the mentally ill will remain. It is debatable whether the police themselves choose to be involved further with the mentally ill. A central dilemma associated with section 136, therefore, questions

“ not so much whether the police should be involved but
how much.”

[Bean, 2001, page 93]

The problems generated centre on the potential criminalisation of the mentally ill. To involve the police in mental health policy is to confuse the boundaries of practice. While it is not a criminal procedure, section 136 translates to added involvement with criminal justice agencies, particularly through the use of the police station as a place of safety. The demarcation of powers and responses is confused.

Another factor evident in the use of section 136 is the identification of mental illness, which provides the basis for decisions on sectioning. The police are good identifiers of mental illness [Bean et al, 1991, 2001]. They predominantly rely on obvious

disturbances of behaviour as indicators, taking a 'pragmatic' approach by assessing the individual's appearance and speech pattern. Figures provided by Rogers and Faulkner [1987] demonstrate a high proportion of successful diagnosis on the part of the police, with officers achieving a rate of ninety per cent diagnostic accuracy. The reasons why some police forces have an ability to assess mental health successfully has more to do with the frequency of association, rather than any specific training initiatives. This is one argument that is relevant for the Metropolitan police force, where in 1995 1,500 people were detained via section 136 [Cherrett, 1996a, 1996b].

The police encounters with the mentally ill consequently involve encounters with other services and agencies. In this guise, the police become co-ordinators of actions and procedures. However, the path to an effective multi agency response is difficult to obtain. This lack of agency organisation has been a frequent criticism of police practice [Bean, 2001, Ritchie et al, 1994]. Roughton [1994] cites one example of the problems in communicating, co-ordinating and implementing procedures. In the detentions identified in the West Midlands area, an approved social worker presence was achieved in just over fifty eight per cent of cases. Accomplishing both medical and social services attendance occurred in only fifty one per cent of detentions. Berkeley [1995] and Rogers and Faulkner [1987] similarly found that approved social workers often failed to attend section 136 assessments. The reasons for this lack of social work involvement may be the result of social services being oblivious to their assessment role. The police may not be aware of the importance of social work input. Alternatively, the ethical, philosophical and culture backgrounds of the two agencies may suggest resistance and aversion to the implementation of inter agency co-operation and working. Regardless of the reasoning, the outcome remains the same; an incomplete assessment and procedure.

In response to this complicated scenario, several initiatives have emerged. These range from the alliance of the police and professionals from health and social services in the provision of assessment and diversion in police stations to joint procedures on section 136 [Carty, 1996, Rickford, 1995a]. To highlight the situation of the mentally ill and for those involved in the criminal justice system, the Reed Committee [Department of Health and the Home Office, 1992] examined the services utilised and provided recommendations for the care and treatment of this group, including the concept of diversion. The report made clear the necessary components of an effective approach to the care and treatment of the mentally ill in the criminal justice system. It echoed the objectives laid down in the Home Office circulars and the prerequisite that the prosecution of the mentally ill should occur only when necessary. One conclusion reinforced the notion that the services for the mentally ill need to be not only better co-ordinated, but also effectively used.

2.13 The Development of Diversion

The development of more formal schemes was an attempt to provide a division between care and control for the police in their work with the mentally ill. As Stephens et al [1994] note, the operation of such projects illustrate how the police can then concentrate on their 'real' role and practice. The police operate as 'case finders', facilitating the inclusion of other professions into the care and management of the mentally ill. Using a named police officer as co-ordinator, the police liaise with professionals in a manner that benefits all parties, including the mentally ill. In Britain this is signified by the formation of mental health liaison officers in the Metropolitan police. The designated officer negotiates with other agencies on issues relating to the treatment of the mentally ill and ensures the police are represented in discussions. There has been a call for the introduction of mental health liaison officers in all forces to increase the level of

interaction between the police, other agencies and the mentally ill [Bean, 2001, Police Review, 1996c]. The success of these schemes relies, however, on joint discussion and planning at a senior level.

In making these schemes the official policy response, the principle dictating juvenile justice was integrated, which recognised the dichotomy between welfare and control [Pitt, 1990]. In the 1990s, this translated into the policy of diverting the mentally ill. In one sense it has been an assertive objective. As Bean [2001] argues 'diversion has acquired something of a cult position' [page 110]. It is not a new policy. Birmingham [2001] sees the history of diverting the mentally ill as going back two hundred years. What has occurred over the last three decades is the recognition of alternative facilities for those deemed mentally ill and in contact with the criminal justice system.

The first Home Office circular 66/90 outlined an approach for local authorities in managing the mentally disordered offender. The emphasis was the removal of those who had either committed or where suspected of committing an offence from the criminal justice system and placed within the care of social services or the health sector. It was clear that diversion should occur on all levels; at the police station, in court and in prison. This basic principle realised the inappropriateness of managing a group with diverse social and medical needs within a system geared towards the establishment of guilt, the administration of justice and the legal sanctioning of punishment. It intended to take the 'psychiatric' out of the criminal justice system.

With regard to police involvement, the circular and accompanying documents outlined their existing responsibility with section 136 and the opportunities for accessing relevant services. It further proposed to define the aims of diversion and its application. It was anticipated that consensus on the most appropriate approach regarding the

mentally ill would also emerge. In reality the development of strategies and the implementation of specific schemes was not as widespread as anticipated. A survey carried out by Bingham in 1992 of 43 police forces found only 12 schemes in operation, with an additional 13 schemes planned in the remaining areas [in Staite et al 1994]. Conversely, Vaughan et al [1995] note the official figures from the Home Office that acknowledge the presence of sixty schemes. Birmingham [2001] further confuses the situation by stating that there now exist 40 diversion schemes. What can be seen from this development is an unclear model of diversion and unqualified reports of its achievements.

What is essential in understanding the promotion of diversion is the reliance on the two systems effectively working together. An additional circular (12/95) and the associated document, 'Mentally Disordered Offenders: Interagency Working' [HMSO, 1995] reinforced the inclusion of additional methods of management. It predominantly reiterated the notion of inter agency working. While illustrating the existing schemes, the circular attempted to act as a catalyst for encouraging further initiatives. Practical issues also emerged from the circular, such as the training needs of staff and the systems for transferring information between services. Other factors, however, affect the development and success of formalised schemes. The introduction of such schemes requires the confidence of the police in order to achieve its aims. The police have to perceive the scheme as credible. From their viewpoint, they have to know that the project can provide a quick and succinct response to their call for assistance. As Meehan [1995] has shown, the lack of involvement of the police, and their reluctance to utilise such facilities, can determine the outcome of any intervention.

Whether diversion has been successful in meeting its aims is debatable. There is confusion over the procedure for formal cautioning, particularly establishing guilt and the appropriateness of the response. Equally, as with juvenile justice, the role of the criminal justice agencies as gatekeepers to both systems remains contentious. Further, what defines effective practice is difficult to ascertain. Bean [2001] remarks that the objectives placed by individual agencies influence how diversion is perceived. Whether the policy has reduced the numbers in contact with the criminal justice system or promoted agency cooperation is at the centre. As Bean [2001] acknowledges, the complications inherent in the schemes indicate that, while the numbers progressing through the system have decreased, the ideals of agency working are limited. The professional ideologies and attitudes continue to dominate and ensure that effective communication is problematic. Similarly, the future of diversion is open to question. Recent changes in the NHS, in resources dedicated to diversion and in prison health care, all impact on the continuation of diversion [Birmingham, 2001]. A potential concern remains that

“many schemes, which find themselves isolated from mainstream psychiatric services, fail to achieve what they set up to do.”

[Birmingham, 2001, page 204]

2.14 Further Developments in Practice

Regardless of the wider political and social context of practice, the police service is still required to incorporate a myriad of objectives, including the establishment of assessment arrangements, the development of a police co-ordinator of policy and the implementation of various schemes and training forums. Surrounding this is the balancing of public concern versus the social care of individuals. These changes recognise areas of practice that result from previous governmental objectives and

encourage the many components of the two systems of health and criminal justice to establish further methods of dealing and managing the mentally ill. What appears to be important throughout this, and reinforced by other policy objectives, is the interconnecting nature and mutual dependence of the police and other agencies.

Similarly, police involvement in the Criminal Justice and Court Act 2000 highlights the importance of seeing the whole system and the dependence and connection between each agency. The police are at the beginning of the continuum, and while providing an obvious access point to both the criminal justice and social care systems, cannot be seen nor act in isolation. The policy and legislative framework of the police illustrates the multi layered context and social arena in which they operate. One further implication for the police, and significantly their interactions with the mentally ill, can be seen in the Crime and Disorder Act 1998. The Act deals with several criminal justice issues, including juvenile offending and community safety. Essentially, it stresses the development of community partnerships. While appearing to echo and sustain the practice of community and problem orientated policing, the Act places a duty on the police and the local authority to instigate and lead schemes aimed at dealing with localised problems of crime and disorder.

The Act, in operation since July 1998, considers a variety of elements, including community forums and the inclusion of services such as the police, social services and education in the formulation of community approaches. It was envisaged that responsibilities would be placed on the police to take the initiative within these partnerships and to develop answers to the problems identified, regardless of those involved in the process. As Newman [1998] states,

“The inspired, can do, practical experience based approach does provide an early resolution to many of the incidents which police officers attend.....”

[Newman, 1998, page 23]

Jenkins [1999a] provides some indications as to the difficulties in designing and implementing the community safety approach, highlighting the issue of participation and partnership. One could surmise that, within the remit of these forums, issues pertinent to the mentally ill in that community would be addressed. The Crime and Disorder Act 1998 and the community policing stance could deal with the wider issues relevant within communities, including the mentally ill. It may also fundamentally alter the response provided by the police.

These developments have to be seen in light of the various public demonstrations of anxiety towards the mentally ill. As community care was developing and governing the treatment of the mentally ill, events impacted on police actions. With the publication of the ‘Clunis Report’ [Ritchie et al, 1994] there was a growing awareness of the interface between the criminal justice system and other social agencies in managing the mentally ill in the community. This significant report highlighted the failings of the system as a whole in dealing with the mentally ill who pose a significant risk to themselves and/or the public. For the Metropolitan police particularly, their involvement in the care and treatment of Christopher Clunis highlighted the deficiencies in inter agency working. While the police were not as severely criticised as others, they devised procedures to prepare their officers to deal with the mentally ill. The impact on the police may be seen as two fold: firstly, the development of organisational systems, such as greater inter agency co-ordination manifesting itself in processes aimed specifically at the mentally ill, and secondly, the individualised response of officers.

2.15 Care and Control Dilemmas

Central to this discussion of the police role are the two potentially contrasting aspects of care and control [Stephens and Becker, 1994]. Prominence has been placed on the controlling dimension at the expense of a thorough analysis of the care that is involved in police actions. The occupational culture of the police and its emphasis on the police identity highlights an insufficient acknowledgement of care as an attribute of policing. Yet,

“ despite the subculture..of the lower ranks that still stresses
‘real’ police work in control terms, there is undeniably a
significant care aspect in the work of the police.”
[Stephens et al, 1994, page 214-215]

What becomes clear from the literature is the lack of a coherent distinction between care and control. Rather than there being a dichotomy between the two concepts, there is a spectrum of police activities that includes both elements. The police are seen as agents of both care and control. The principle model for this combination is the implementation of section 136. The blurred boundary between care and control continues to illustrate the interactional environment and potential dilemmas that the police encounter in their dealings with the mentally ill.

The experiences of the police in dealing with this particular group are multi faceted and require reflection on possible solutions and approaches. However, these formal responses are primarily concerned with those the police originally perceive as having committed an offence, even a minor infringement. There is a fine line between being formally recognised as a ‘mentally ill offender’, being dealt with through the various methods outlined and being seen as in need of treatment and not the responsibility of the criminal justice agencies.

As Staite et al [1994] acknowledge, the establishment of a link between mental illness and criminality is fraught with difficulties. Questions around the influence of the illness on their actions and their ability to understand their behaviour needs to be established, and in the short term may often remain unresolved. It is this dilemma the police face. In order to deal with the situation officers use such generalised categories as 'breaching the peace' as a method of negotiating their situation and resolving the plight of the mentally ill [Bowler et al, 2001]. It is the formal recognition of mental illness that allows for the next stage of the process. It is here that the organisational response is activated, which may include following inter agency formal procedures for section 136 or the use of diversion schemes. As with the response to youth crime, the familiar scenario of variation and deviation emerges with the experiences of the mentally ill and the police being dependent on locality, timing and resources.

While the measures such as diversion at the point of arrest are commendable, they do not address the causes behind these increases, the suitability of police involvement and the perceptions of individual officers. Nor does it take into account the everyday encounters of the police with the mentally ill, those that do not necessarily result in an arrest or section, but do contribute to the police extending their 'welfare' role. As Evans [1974, in Bean et al 1991] argues, without this role the wider community would lose "one of its major social services" [page 2]. Many of the mentally ill would be deprived of a gateway to other services. The recent concern surrounds the reliance of others on the police to fulfil this gatekeeper role. This, in turn, influences the police role and police priorities.

As Bean et al [1991] note, police involvement with the mentally ill is not new. The growing concern today is the frequency of this involvement, the level at which it is occurring, and the manner in which the mentally ill are dealt with. From a police perspective an additional area of concern must be the serious type of mental illness they are required to assess and deal with [Bean, 2001]. As the shortfalls of community care and mental health policy become apparent, the seriously mentally ill are now increasingly likely to be incorporated into the community.

The police, when dealing with the mentally ill, are required to examine a variety of issues which compounds an individual's mental illness. These issues concern not only their practice as individual officers, but also the wider organisational issues. How the police subsequently resolve these dilemmas, in the face of demands on their time, their expertise and their resources, is dependent on their perception of the identified 'problems'. Equally, there is a responsibility on the police organisation to provide an answer to the demands made by this particular social problem.

2.16 The Police Role

While the formal approach provides one context, the police generally use their existing powers and resources to manage the mentally ill in the community. Questions concerning the function of the police remain, regardless of the proliferation of formal procedures and schemes. The main question centres on the following; what is the role of the police and how do they manage the mentally ill.

The police as a social institution possess certain attributes and generate assumptions surrounding both their function and practice. These have changed in response to social, political and historical developments. The combination of these factors has led to an often-changing image of the police service. The police service fulfils several functions

in society. These responsibilities cover a range of social aspects, including protection, welfare and community support. There is a mismatch between the public desire and acknowledgement for the police to be visible and 'on the beat' and the need for increased efficiency and cost effectiveness in police performance [Hick, 1997a]. The dichotomy between these two elements means that the police face difficulties in prioritising and fulfilling their various roles and tasks.

The police are no longer certain about the role they fulfil [Hicks 1997b]. The response of the police to this uncertainty has been to implement organisational changes, such as the emphasis on crime prevention and the implementation of organisational systems at regional and national level [Morgan and Newman, 1998]. While they have displayed increased levels of professionalism, the main argument surrounding the central role of the police in society has not been resolved. The apparent lack of common morals or values in post-modern society has placed the police in a difficult position. The police remain an integral part of the construction of social behaviour and norms.

By recognising certain behaviours and actions as unlawful, they reaffirm these acts as deviant and illegal, thereby maintaining the acceptable standard of social order. As McLaughlin and Muncie [1996] argue, the police have considerable power and influence, effecting the content of their work and determining their own development. The changing focus of practice has ensured that the police continue to face a variety of demands on their skills, resources and time. This reliance has contributed to the apparent defusing and complex nature of police work and the difficulty in defining the boundaries of the police roles and tasks.

2.17 The Key Roles of the Police

With the changing objectives of the police and the emphasis on efficiency and effectiveness, it may prove difficult to assess the diverse roles of the police and the functions they currently fulfil in society. For officers in particular, the dual expectations of order maintenance and law enforcement incorporate possible conflicting responsibilities and approaches [Muncie and McLaughlin, 1996].

De Lint [2003] questions the role of modern policing. In doing so, he recognises the core perspectives on police work that have developed over the past forty years. To summarise the main findings, it is suggested that the police are seen in the following guises:

- As ‘coercive authorities’ [De Lint, 2003, page 380], where the predominant issue is the application of force in the maintenance of order. Here the police are defined by their function. Encompassed within this perspective is the recognition that police authority, morality and working personality all contribute to the ‘framing’ of coercive action. This equally recognises certain attributes as core, such as self-reliance, individual interpretation and the reactive skills of the officer. A critique of the approach is its limitation in defining the police role. The police do more than merely use force.
- As ‘knowledge workers’ [De Lint, 2003, page 383], where the complexity of the situation is taken into account. The essential elements within this description include the information processes, which allows the police to detect and present cases. Via the communication systems and schedules of the organisation, the officer acquires information and subsequently knowledge that is used as a ‘means to an end’ in achieving the police goals. This is within the context of a society dominated by risk. As De Lint [2003] argues, questions need to be raised including, ‘for whom’ this role is fulfilled. The police here ‘penetrate the viability of targeted populations, gather certain kinds of information, and use it in the aid of political authority’ [De Lint, 2003, page 386].

De lint [2003] argues that these two definitions or descriptions need to be re-examined and offers a further analysis, which will be discussed later.

The debate continues as to the role or roles of the police in modern society. Waddington [1993] provides one interpretation of police work. He identifies, in particular, the 'order maintenance role'. It is a role that the public feel most comfortable with. Order maintenance, or 'peace keeping', however, requires different interpretative levels. This involves not only an interpretation of the law, but also the labelling and assignment of blame and a determination of the appropriate level of conduct. This leads to the issue of the initiation of police action; whether it is 'citizen invoked' or whether the police have initiated the action themselves. As Waddington [1993] states, these distinctions effectively differentiate the law abiding from the lawbreakers. It is an area by which the police are judged and one that is difficult to evaluate. It also is an area where the police have the least control.

Certain issues transpire with regard to the order maintenance role, most notably the extent and type of order imposed. The usual perception of the police as controlling crime is unrealistic. Policing methods and presence do not necessarily influence crime levels. The factors behind a criminal act are various. While the police develop certain methods [such as the increased use of technology], the control of extralegal factors raises issues concerning the extent of police influence. Possible variables such as social deprivation, unemployment, the moral and social climate and the standing of social norms may all contribute to the enactment of crime. The police, as one of numerous social agencies, are equally effected by these demographic and cultural factors.

Key roles emerge when detailing the actual work and practice of the police. The police fulfil seemingly contradictory roles; as order manager, as law enforcer and as public servant. Each carries specific connotations, such as the enforcement of the law, the

maintenance of social order and the provision of, a 'humanitarian and community service' [Pugh, 1986, page 2]. There are connecting features in these roles. For,

“In fulfilling this public service role, law enforcement itself is seldom used but its potential use is always present. The police officer's special access to law enforcement gives him a large advantage over other professionals....who may also attempt this public servant role.”

[Pugh, 1986, page 3]

One problem that emerges from these multiple roles can be seen in the expectations of individual officers. The various internal personas provide dilemmas and conflict. The police require mechanisms in order to identify and form solutions, both internally and externally. What is of specific relevance for the police officer is the notion of the 'internalised self', which manifests itself in the tendency for the individual to include part of themselves within the particular role they fulfil, incorporating a definitive manner or style [Pugh, 1986]. The outcomes for the police involve the concept of policing which interplays with their role and in the performance of tasks. Their choices and priorities are dependent on their perception and perspective of policing.

In situations which emphasise the law enforcement aspects with its clear defined boundaries, the notion of policing and police work is straightforward. When situations arise that require numerous roles, conflict emerges [such as domestic violence and mental illness]. In cases which appear simple and defined, the police officer has a clear concept of the action to take [Pugh, 1986]. In more ambiguous occurrences, additional factors are prevalent. These include the ideology and principles of the police officer, his or her concept of policing and the details of each individual case.

The notion of the police fulfilling a crime-fighting role is pertinent to any assessment of the image of the police. In reality statistics suggest that the police spend a relatively

limited amount of time on crime related issues. Figures from the Association of Chief Police Officers claim that the numbers of calls related to crime matters amount to eighteen per cent of the work of the police [in Muncie et al, 1996, page 53].

Subsequently, this type of work takes a disproportionate amount of time to complete, approximately thirty per cent of the officer's time. Thomas [1994] additionally notes this reality of policing, reiterating that up to seventy per cent of police work is concentrated on non-crime matters. Police practice today suggests that, regardless of the their inclination to be mainly crime fighters, the majority of their work centres on the wide ranging service role.

It is in this capacity that the police can be seen as working with the mentally ill.

However, it is this service function which is often viewed negatively by the police themselves. As Waddington [1993] comments,

“ The problem lies in the police attitude to such demands for assistance. Officers - most of whom regard their role as that of ‘crime fighters’ - often regard such calls as ‘rubbish’ on which they are reluctant to spend time and effort.”

[Waddington, 1993, page 6]

Attached to this service dimension is the realisation of the ‘caring’ aspect of policing [Becker and Stephens, 1994]. The distinction between the service ideology and the more authoritative presentation of the police is apparent within their dealings with the mentally ill. It is difficult to distinguish between the caring actions of the police towards the mentally ill and the more controlling aspects established within the police role, which call for the maintenance of order and stability. The apparent contradiction in roles further hinders the police in finding a clear definition of their practice.

What De Lint [2003] suggests, in light of the various proposals, is that we see the police as ‘access brokers’. This argument recognises the power and conflict involved in police

action. The police here obtain and grant access to the few that they identify as

‘troublesome’. De Lint [2003] defines this as the ability to

“...deploy the special instruments of law, force and information to broker access to troublesome individuals and problem populations for an administrative authority.”

[De Lint, 2003, page 380]

The major contention for De Lint is to clarify ‘for whom’ the police operate, particularly in democratic authorities. Whilst in essence the police act for political stability, this term should recognise that the ‘political’ involves not only the wider state apparatus, but also commercial interests and local communities. There are several key themes in fulfilling this role, placed along a range of actions and preoccupations:

- The ‘immediate objective’ – or the acquiring or restricting of access to people and places. This is a key role for the police.
- The ‘special instrument’ – the use of powers, force and the technological advances available to the police.
- The ‘intermediate justification’ – the wider notions of law enforcement, order maintenance, crime prevention and knowledge.
- The ‘ultimate objective’ of the police, which is to ‘maintain the political, economic, institutional and/or moral authority’ [De Lint, 2003, page 389]

What appears here is an attempt to encompass the aspects of the police role that other commentators have isolated, such as the use of force, law enforcement, crime prevention and the maintenance of the status quo. De Lint [2003] has argued for a definition of the police role that incorporates the changes that have occurred in policing, recognising the various levels at which the police operate.

Overall, the tasks of the police are ‘means orientated’ rather than ‘goal orientated’ [Waddington, 1993, page 175]. Both the level of resources and the consent of the public influence the role of the police. The police, to some extent, are acting with the

permission of wider society. Further examination of this seems to point to the police fulfilling tasks and roles because 'that is what they have always done' [Waddington, 1993, page 175]. The roles of the police are, therefore, partly determined by their history, expectations of their actions and the justification of their presence. Whether they are maintaining the social order or fighting crime, behind their role is the dependence on a working culture to help the police define what they do and why they do it.

2.18 The Canteen Culture of the Police

Within any examination of the police force, consideration has to be given to their culture. Any examination of the police culture attempts to explain those who enter the police and the differentiation between officers and those they serve. The culture provides the police with protection, confirming their shared beliefs and norms. It assists officers in their own interpretation of appropriate action. By incorporating various aspects, the culture helps to legitimise the police and the actions they take.

Within the police culture there are defining characteristics. As Horn et al [1997] and Reiner [1992b] note, the style and predominance of the police culture may alter, depending on the police force in particular and individual units within these forces. However, there are shared features common to all forces, which are not dependent on regional or operational features. Among these general aspects, there occurs an adherence to unity, recognition of rank, and an attitude that distinguishes the police from groups outside the organisation. This reinforces their 'outsider' persona.

Their 'belief system' sees police work as a challenge, with uncertainty in the situations faced and the possible dangers encountered. Reiner [1992b] sees a link between this perception and the police view of their 'indispensability'. The police consider the

consequences to law and order if their presence was no longer maintained. This demonstrates the importance to the police of maintaining the status quo. The police also develop a sense of pessimism. Officers often become cynical when they consider the moral ineptitude that characterises certain sections of society [Reiner, 1992b]. Equally, while officers believe in action and danger, in reality police work deals with more basic and ordinary circumstances [Reiner, 1992b].

Central to this is the idea of what constitutes a 'police officer'. Pugh [1986] conceptualises the notion of the 'good officer' and assimilates the positive qualities and behaviours. The development of a 'good cop' within the police culture is dependent on the existence of several distinct, but interrelated qualities; a moral awareness, a recognition of the circumstances behind action and the development of mechanisms in order to achieve a resolution. Four types of officers can be identified and although 'good' or 'bad' characteristics are not attributed to their presentations, they do indicate distinctions between individuals and roles [Reiner, 1992b]. Included within these categories are the 'bobby' or ordinary officer in a mainly peace keeping capacity, the 'uniform carrier', who maintains a more pessimistic attitude, the 'new centurion' as crime orientated officer and the 'professional', pursuing policing as a career. While common themes emerge, it may be that a significant amount of organisational style will dictate the role incorporated by the majority of its officers. A combination of these themes and presumptions influences action.

There are difficulties in isolating the notion of the 'good police officer' and distinguishing it from the overall direction, role and concept of policing [Pugh, 1986]. The roles and characteristics identified recognise the skills and abilities required in the fulfilment of police work. They involve the ability to react quickly, to initiate

judgements, formulate appropriate and inventive responses to numerous events, manage stressful situations and essentially exhibit a 'common sense' approach. Surrounding these ideals is the competence of that individual. This manifests in the ability to 'do the job', whilst displaying common sense. The strength of the notion of 'common sense' is a determining factor in distinguishing the 'good officer' in the culture of the police. However, it can be argued that to distinguish the characteristics and abilities required to perform the job from the role itself is difficult. In some respects the attributes determine the extent and nature of the role.

2.19 'Danger' in the Police Culture

Within the police culture there is a wider recognition of the dangers and violence involved in police work [Muncie and McLaughlin, 1996]. It is an essential part of that culture. Danger arises out of the unknown and the sense of unpredictability, out of the differing meaning of authority and power. This again contrasts with the reality, where the occurrence of violence may not reach the levels assumed [Bayley et al, 1984]. However, it is its central position in the ethos of the police that enables officers to distinguish themselves and their work from the rest of society. It defines the police and their response to tasks [Skolnick, 1975]. It is natural for officers to place violence and danger as central features of their work. This notion of danger is so encompassed within the police role that it forms both an overt and covert framework in which to judge social interactions and the other participants in those encounters. In association with criminality, past violence and assumed further violence are key factors in determining action by the police [Klinger, 1996b].

Additionally enshrined in their working persona is the need for predictable behaviour and outcome. The preference for predictability in the daily experience of the officer is

obvious. It acts as a guide to the methods of management and action. The necessity of regularity and predictability includes the types and characteristics of those they encounter. Similarly, the most overriding fear components include beliefs around actual violence and its potential. The predominant concerns mirror those indicated by Alder [1996], such as the 'unknown' and the unmanageable aspects of their involvement with the mentally ill.

The police concept of force is linked to the presumption of danger [Hunt, 1985]. The determination of force involves a process of allocating notions of 'normality' to every day encounters. Normal force is indicated within a continuum of definitions, comprising legality, its use and the acceptable employment of force. The centrality of force, actual and as a symbolic tool, to the police role and authority underlies their behaviour and actions towards individuals. Force is often used as a measure to re-instigate order, and ultimately control, when authority is questioned. Force can also be explained in the more abstract sense, with the belief in moral reasoning [Hunt, 1985]. This justifies its use on the grounds of morality, with its enactment occurring against those the police consider in need of punishment.

2.20 Police Culture and Masculinity

The cultural background of the police is shrouded in connecting themes and beliefs. What is also evident is the presence of the 'cult of masculinity' [Horn and Hollin, 1997]. The emphasis on shared aims additionally stresses the importance of authority and courage [Skolnick, 1968]. These features not only are the basis for the police 'in group', but exclude other members within the service, such as women, who are not seen as possessing these attributes. Underpinning these particular components of culture is

the military like structure of the police, which reinforces the numerous attitudes [Walker, in Stephens et al, 1994].

There are issues around gender and the police force. The structure identified by Walker [in Stephens et al, 1994] reinforces the notions of masculinity, with an emphasis on perceived male characteristics such as courage, force and authority. These factors affect not only female officers, but also women seeking help from the police. There has been a proactive approach to raise gender issues within police forces, with specific programmes aimed at increasing the career progression of female officers, introducing women forums within police forces [e.g. Bedfordshire Police] and increasing female representatives throughout the various divisions and across all ranks. This general 'Gender Agenda' has sought to facilitate improvements in the working environment of the police service and enhance the inclusion of female police officers at every level.

For those women aiming to contact the police for help and assistance, some key features are highlighted [Women's National Commission, Thames Valley Police, Todd Consulting and University of Surrey, 2002]. It has to be recognised that women are often involved with the police as victims of crime, rather than as suspects or witnesses. The issues highlighted for women involve perceptions and practical considerations. From the perspective of women, they often felt that the police often viewed them as 'low status', feeling that they were patronised. Accessing the police was seen as difficult. More 'specialised' areas, such as domestic violence and sexual violence were characterised by lack of resources. Overall, the women within this particular study highlighted common features of women's experiences of police forces generally; marginalized and not listened to [Women's National Commission, Thames Valley Police, Todd Consulting and University of Surrey, 2002].

What is apparent from this report is that certain key areas of police work need to be improved to ensure that women receive an effective service. One comment to come out of the report is the need to change the 'police culture'. Suggestions to facilitate this change include gender and cultural awareness training and the inclusion of more senior women officers throughout police forces. The 'Gender Agenda' recognises elements of these issues.

When looking at the culture of the police there is also an emphasis on experience. This aspect of culture translates into a method of informal instruction. Culture operates as a guide on how to act and respond. It provides an introduction into the peer group and the informal hierarchy. The newer police officer is told of the various folklores and traditions of their particular force or unit. It is part of the socialisation and initiation of the officer, contributing to the assimilation of culture [Muncie and McLaughlin, 1996]. This, in turn, develops into a police sensibility on how to be an officer [Shearing et al, 1991]. The more experienced will provide a 'common sense discourse on crime' [Muncie and McLaughlin, 1996]. The moralising on crime, detailing the purpose of the police, aids the officer in distinguishing between 'real' police work and the more mundane aspects that do not necessarily result in action being taken.

The police culture is by no means a unique occurrence. Other established professions have identifiable traits and notions that combine to produce their own culture. For these professions a collective sense of identity permits the more difficult and demanding aspects of their work to be acknowledged by their peer group. It provides support and a sense of belonging. There are advantages in the existence of a police professional culture. However, the dominance of a culture may lead to conflicts and difficulties, especially for the management of organisations and the enactment of powers.

2.21 Police Authority, Discretion and Action

While discussion has centred on the presence of the police culture and the expectations of officers, we need to return to the question of what the police actually do. This concentrates on the power of the police and their methods of working. The police culture forms an important and vital part of the overall practice of the police. Two issues, however, remain; the powers of the police and their reliance on discretion as a fundamental tool.

2.22 The Powers of the Police and the Basis for Discretion

The powers of the police centre on the detection of criminal offences, the establishment and maintenance of peace and the prevention, where possible, of offences being committed. This is enshrined in the oath taken by new officers on joining the police [in Fitzgerald and Muncie, 1983]. The police have the power to stop and search people, to investigate alleged crimes, to arrest identified individuals and to interrogate suspects.

The difficulty in deciphering the police powers arises from the diverse circumstances surrounding their foundation. The definition of these powers is unclear. One point to remember, however, is that there is no legal duty on the police to carry out any of the highlighted duties or powers;

“..if a house is burgled, the householder has no right to demand the police investigate.. A person who is attacked has no right to demand the police prosecute the attacker. The police have no specific legal duty or responsibility to help individual citizens.”
[Fitzgerald and Muncie, 1983, page 46]

In basic terms, therefore, the police are performing a service for the community by implementing their powers.

The powers and functions of the police are not always found in legislation [Feldman, 1993]. It is difficult to formulate a complete list of the powers of the police and to provide a complete outline of police activity; each force can dictate how they operate, and the issue of discretion or the 'doctrine of constabulary independence' predominates, with individual officers interpreting the law in their own manner [McConville et al, 1991, page 2]. This basis is often found not in legal powers, but within the informal practice of the police. The suspicions, knowledge and experience of each operational officer determines the execution of these powers. While senior officers have responsibilities to supervise the lower ranks, police practice is carried out by the middle and lower ranks, away from the sight and control of senior police officers [McConville et al, 1991].

The ability to decide and determine own styles of working, responding to situations as they occur and managing incidents in a manner that coincides with professional and personal expectations, has led to the deployment of discretion as a tool. The use of discretion within the work environment is in answer to the numerous and varied circumstances that arise in police scenarios. The police are frequently the subjects of analysis regarding the use of discretion [Bittner, 1967a, 1967b, Goldstein, H, 1963, Goldstein, J, 1960, LaFave, 1962, Reed, 1980, Reiss, Jr, 1984, Rumbart and Bittner, 1977, Waddington, 1999]. The definition of discretion implies that the officer exhibits choice in actions and behaviour. This relies on their interpretation of events and an anticipation of possible outcomes. Reed [1980] provides a clear definition of discretion when he states that

“Discretion is the freedom to do what one chooses to do and to use one’s personal judgement in reaching decisions.”
[Reed, 1980, page 54]

Choice within police work plays an important role [Shearing et al, 1991]. The extent of police discretion is not necessarily a known feature and its use may be over estimated [Bayley et al, 1984]. In order to achieve their aims, the predominant perception of their environment, how they interact with it and the exchange between the various parties involved becomes both relevant and important. While the police are not the only agency to establish informal methods and practices, this is an essential part of their work. There is also an overriding assumption that,

“Police activity always takes place in a context of action that could have been, but was not taken.”
[Shearing and Ericson, 1991, page 487]

The vital feature that an officer appreciates is the ability to quickly understand a situation and to subsequently follow the course of action which they perceive as the most appropriate. Shearing and Ericson term this ‘the craft of policing’ [1991, page 487]. However, this does not necessarily involve the conscious use of rules. It is experience that assists in the interpretation of events and the process of decisions. The complex world of the police demands skills that protect not only the officer and their colleagues, but also their community. Other issues influence the actions of the police [Chan, 1996]. By using Bourdieu’s concepts of the field and habitus, notions of rules and beliefs [Shearing et al, 1991] and Sackman’s notion of cultural knowledge in organisations, Chan [1996] provides a framework for police action, their culture and the possible influences on police discretion.

There are certain elements of Chan’s [1996] study that illustrate the background in which the police operate, notably in three particular areas. Each differs in the emphasis taken, with

- culture being seen as shared knowledge within an organisation, which provides a semblance of reality for those involved. The emphasis is on the 'group' functioning in place of individual expectations and behaviours. This is further defined as incorporating four elements; 'dictionary knowledge' where the aim is to provide definitions of situations, 'directory knowledge' providing descriptions of how practice should occur, 'recipe knowledge', which details what should and should not be done in certain circumstances and 'axiomatic knowledge', which maintains the assumption that this is the way things are done in the organisation [Sackmann].
- the notion of construction, where police officers are actively involved in the formulation of practice, rules and beliefs. Officers develop a knowledge which informs them of which actions are appropriate in differing situations [Shearing and Ericson, 1991]
- the relationship between the concepts of field and habitus influencing the police, and their behaviour [Bourdieu]. When referring to habitus in this context, Chan [1996] appears to recognise the internal structure of decision making of the officers, their consideration of options and alternatives. It is a process that is 'ingrained' in individual officers. It serves as a frame of reference for action, with the social field being the wider political, economic and social setting of action.

There is a similarity between Bourdieu's concept of the habitus and Sackman's development of cultural knowledge. There is a connection between these two concepts, with Sackman's idea of cultural knowledge providing more detail to the notion of the habitus. Discretion can be seen in light of the various approaches to understanding police action.

This argument recognises that the informality of discretion and its culture should be used in conjunction with the more formal rules. The relationship between the two guides police practice in reality. While Chan [1996] notes the role of managerial strategy and implementation, it is this area of informal processes that has consequences for the use of police discretion. The arena they operate in on a day-to-day basis and the sensibility they use are the main responsibilities for the officers involved.

However, various issues still remain concerning the overall purpose of discretion. In police practice, looking for the unusual becomes a determinant factor of police action [Hester and Elgin, 1992]. It has been acknowledged that the police environment is often unpredictable, undefined and complex. Several factors permit the practice of discretion. The myriad of influences, personal and professional, situational and sociological, legal and organisational contribute to the existence of discretion within the every day practices of the police. Equally, various external factors such as the demeanour of individuals, the context of the police action and the location of incidents influence police behaviour. [Smith and Visser, 1981].

2.23 Discretion in Practice

Discretion can be seen as pervading the vast area of police work. For example, in the process of identifying suspects the use of discretion is particularly evident. It involves a process of singling out potential suspects by means of compiling a list of characteristics that serve to confirm the police officer's view of suspicious behaviour. The theoretical basis of defining a suspect population incorporates those who are criminal and those whose behaviour is an indication of criminal intent. Such distinctions are not straightforward.

In reality, the process is complex. There are key indicators in the process of suspect identification that not only involves the self-identity of 'criminals', but also the interpretation of the police and wider society. Classification and categorisation singles out the suspects and determines the future course of action. This explains why some are released without further action, others cautioned and a significant number are formally charged. This arises not from any predominant legally defined rules, principles or powers, but from the police perspective of actions and behaviour.

When examining the powers of the police, an important distinction emerges. The police do not necessarily have to arrest an individual, but they may do so [McConville et al, 1991] Additionally, they do not have to stop and search people in the community, but they can if they choose to. It is this distinction between having these powers and using them which is at the core of police work. The decision-making processes of the police explains why and when they use their powers. Rather than be aware of the legal powers that are in existence prior to an incident, and subsequently assess the appropriateness of these powers, the officers behave in such a manner that amplifies their discretionary capacities. The argument can be taken further; the dilemma for the police is not predominantly who to arrest but what for. It is in recognising the appropriate powers and legal rules that appears to provide the difficulty, as opposed to the identification of suspects.

The police operate 'on the street' in their particular community. In line with this premise, the group that has a tendency to inhabit this environment more frequently will have contact with the police on a regular basis, such as young working class males [McConville et al, 1991]. Therefore, the suspect population comprises of members that are more easily visible to the police. This group, however, are members of the section of society which also has the most frequent contact with the police as victims of crime. There is a correlation between being a suspect or offender, and being a victim of criminal acts. For, as Waddington [1993] states,

“..the very people for whom the police have least regard [are those] who need police services most.”

[Waddington, 1993, page 9]

The police also determine the normality of an area so that an officer can tell when an unusual event is occurring. Additionally, using suspicion as a basis, officers adopt the

‘incongruity procedure’, where the occurrence of ‘out of place’ incidents assists in their decision-making and practice [Sacks, in Hester et al, 1992]. It becomes an integral part of the practice of the police officer and frequently develops into what is termed ‘instinct’. These areas are important. They aid in determining the client group and ultimately the functioning of the police force generally. Without a suspect population, regardless of the individual characteristics and demographic factors, the role of the police would be limited or non-existent. This does not diminish the actuality of crime, however, but acknowledges that their selection of suspects is socially and politically constructed. How the police use their discretion is important.

In simplifying the process, two significant factors that determine the use of discretion are identified. Primarily, one concern involves the nature of police involvement itself. Whether it is a law enforcement or order maintenance matter influences the deployment of discretion [Wilson, 1968, Waddington, 1993]. The rationale and the reasons for discretion are due to the ambiguity of the law and the need for some form of legal and moral norm. As a result of this clouding of roles and purpose, the police have to devise a system of working. Within this is the need to be flexible [Goldstein, 1963]. The lack of a coherent and definitive legal framework allows for the application of flexibility. The vague nature of police work means that, while discretion is not necessarily an overt policy, in order for the police to accomplish their many roles it is a necessity

With discretion the officer exerts considerable influence and power within the community. This is particularly relevant when looking at the community policing approach. The proactive style incorporated within the notion of community policing may result in the ‘arbitrary and capricious use of police powers’ [Vinzant et al, 1994, page 190]. What appears to be a significant factor in the act of discretion is the

community itself. The involvement of the community, its assumptions, perceptions and beliefs influences the extent of police discretion. This approach realises that the police cannot be entirely separated from the belief or value system of the environment in which they serve. The police value system, specifically around the area of crime and punishment, can be illustrated by the work of Fielding et al [1991]. Police officers generally have a 'conservative' view of crime. They believe that any problem behaviour in a community assimilates from a few individuals. They use this concept as a measure by which to judge the behaviour of the rest of the community. Essentially, the police in order to fulfil their tasks have to perceive their own 'normality' [Fielding et al, 1991].

These concepts help to shape the belief system of the officer and contribute to the construction of discretionary choices and actions. The problems of the community are placed within the remit of the officer to resolve. This questions the exact role of the police. One has to ask whether officers are social workers, community leaders, or a referral agency for other services [Vinzant et al, 1994]. This police practice recognises that the officer needs to have a sense of empowerment and responsibility to make choices within their specific community [Mastroski et al, 1995].

Central to this argument is power and the use of force. The core practice of policing involves the control of individuals and an unequal distribution of power [Smith and Visser, 1981]. When an officer uses their decision-making ability in assessing the choices available to them, there is also a presumption that they can determine the level and extent of coercion required to deal with circumstances. However, when implementing a more proactive community approach, the police require a variety of skills to ensure the completion of their tasks. Using a theoretical basis of power to explain the position and practice of officers in community policing is insufficient

[Vinzant et al, 1994]. Discretion involves not only deciding on the use and type of force, but also the deployment of negotiation, communication and co-operation.

Goldstein [1990] defines this decision making as a logical process, involving the police in problem realisation, assessment and solution. This systematic behaviour of the police officer is seen as rational, especially when dealing with a particular community problem. However, this model of discretion as decision-making places significant responsibility on the police. Within this context they are seen as social commentators, analysts and reformers, defining and managing a mass of social dilemmas and problems, in addition to fulfilling the traditional tasks expected of the police.

2.24 The Police and the Mentally Ill: The Need for Discretion

It is apparent that when the police are required to make decisions that do not evoke legal precedents, their use of discretion becomes both essential and necessary. This is particularly the case when examining the police interactions with the mentally ill. The apparent lack of a consistent approach has consequences for both the police and the mentally ill. Within these situations the police negotiate not only their own safety and environment, but also a variety of considerations that do not appear to have a place within the police remit. However, the police cannot discontinue their involvement with the mentally ill. Daft [1980] notes that the police are the most consistent mental health service available to the mentally ill within the community. Smith [1990] remarks that the police are the most valued of the services for the mentally ill, providing essential assistance and never failing in their response to help. The comments by both Daft [1980] and Smith [1990] highlight the continuing necessity of the police to provide aid to the mentally ill.

2.25 The Police Role and the Mentally Ill

Contributions into the research on the police and the mentally ill can be seen emerging from both North America [Borum et al, 1998, Coie et al, 1975, Finn et al, 1989, Green, 1997, Holley et al, 1988, Lamb et al, 2002, Mathews Jr, 1970, Meehan, 1995, Menzies, 1987, Patch, 1999, Stein et al, 1985, Teplin et al, 1992] and Britain [Bean et al, 1991, Berkeley, 1995, Bowler et al, 2001a, 2001b, Bradley Taylor, 1996a, 1996b, Duff 1997, Gandhi et al, 2001, Rogers et al, Roughton, 1994, Smith, 1990]. They all acknowledge the role of the police as gatekeepers for the forensic services, the dilemmas faced and the implications for police practice and decision-making. As with other areas of practice, the assumptions of the police contribute to their decision-making process, aiding in the selection of suspects and the level of involvement. The police attitude towards the mentally ill plays an important function in how they identify problems and decide on the necessary course of action.

The problem for the police in defining their role in their interactions with the mentally ill is apparent. The police have contradictory roles, providing both care and control. They need to use a variety of techniques, including persuasion [Meehan, 1995]. The police are the first resource approached by those in need of medical help. Remarking on the central role of the gatekeeper as a link between the individual and the mental health services, Coie et al [1975] note that the police are often used the most widely as a source of assistance, and predominantly in cases where the individual is viewed as difficult. The police consequently act the role of 'psychiatrists in blue' [Menzies, 1987]. The theme of the police as ad hoc agents of the mental health system is common in a significant number of studies into the interactions between the police and the mentally ill. Bowler et al [2001b], Green [1997] and Teplin et al [1992] note the emergence of the police as 'frontline mental health workers' and 'street corner psychiatrists'. Equally,

Lamb et al [2002] remark that such involvement is enshrined in the requirement for the police to protect the community and act as a 'parens patriae' for those deemed as in need of special help, such as the mentally ill.

Two key beliefs are shared by the police; that the mentally ill are sick, and therefore in need of medical assistance, and that they are potentially violent, with the police attempting to exit the situation as quickly as possible. Mental illness, for the police, is conceptualised in either the risk of violent behaviour or perceived abnormal actions. This, in turn, influences the practice of the police towards this group. The perceptions of police officers show similarities with the public and other professional groups [Lester Pickett, 1978, Matthews, Jr, 1970]. One of the main conditions for the police to decide to act is the potentially violent behaviour of the mentally ill [Matthews Jr, 1970]. Those the police encounter who display signs of mental illness are more likely to be seen as a future source of violence [Menzies, 1987]. The police appear not to clearly define criminality and mental illness, with the obvious combination of the two notions emerging in the referrals and police reports. This predominant feature of the assimilation of criminality and mental illness translates into the influence and discretion of the police in conveying this message to other professionals within the forensic system.

When they make judgements on the mental state and potential violence of the mentally ill, the police include a moral assessment. This moralisation of mental illness has implications. This adds further consideration to the police role as community psychiatrists. The result of these assumptions is that

“Mental illness manifest[s] itself to police as disrespect, recalcitrance, moral defect, and silence, instead of the more subtle indicators of pathology....”

[Menzies, 1987, page 446]

The police role in defining and labelling individuals mentally ill is important. These basic, subjective indicators are used to determine the presence of mental illness and the appropriateness of this label. While the police are good judges of mental illness, their moral appreciation of the individual effects how the interaction proceeds.

One consequence of the usual police experience in dealing with and managing perceived disorder is to increase their awareness and tolerance of extreme behaviour. Their concepts of normality and deviance are wider than those of other professions. The particular case of personality disorder illustrates the dilemmas in defining behaviour. It is evident that the police have increasing awareness of the issue of personality disorder [Bowler et al, 2001b, Gandhi et al, 2001]. The presence of personality disorder in the community causes significant concern. As Gandhi et al [2001] state,

“...contact with the police was potential proxy for ‘community concern’ because even if the incident was minor, they would normally be interpreted with some anxiety by immediate residents and other people in the vicinity”

[Gandhi et al, 2001, page 95]

Consequently, it is cases of extreme disorder or behaviour which come to the attention of the police. Again, this has to be within the current climate that accentuates risk.

A significant proportion of research in the field notes the important part the police play in initiating or re-establishing the psychiatric careers of the mentally ill. Green [1997] remarks on the position of the police at the beginning of the ‘carceral continuum’ [Foucault, 1977] and their role in protection and care. This carries with it the identified problems associated with care and control. Equally, various issues contribute to an officer’s decision to arrest or to establish and implement other disposals. Three variables are identified which influence action; the offence, the experience of the officer

and an awareness of the individual's previous behaviour. These factors appeared to be key determinants in the use of discretion and the subsequent actions of the police.

2.26 The Police Approach to the Mentally Ill

The police approach to the mentally ill encompasses a variety of dynamics including time, place, familiarity and personal experience. The act of discretion is further displayed within the police choice of the occupants within each group. The police implement discretion not only by deciding what practice to undertake, but also in the membership of the mentally ill sub groups. One consequence for the mentally ill involves their entry into the criminal and mental health systems. The influence of the police to determine these factors is an area highlighted by Duff [1997]. Rather than the decisions being taken by the prosecutors in diversion schemes, it is the police who influence and determine, via their reports, the recipients of diversion. What the police state in the reports, the cues they provide for the prosecutors and equally what they do not say, provide a basis on which decisions are made.

The approaches available to the officers can be placed within three categories; no action, formal sanctions such as arrest and the informal disposals. There is a consequence of this ad hoc system, which involves the use of more informal measures, especially as generally the police are the least likely to commit to hospital. When distinguishing between the normal roles of the gatekeeper disciplines, the police as 'guardians of the social order' have a certain level of autonomy and discretion in deciding the various disposals to implement [Coie et al, 1975]. The duality of the role of the police in their management of the mentally ill, as an access point for both the criminal justice and mental health systems, requires negotiation. This occurs both on an individual, situational level and also at the interchange of the two systems. A frequent

difficulty for police centres on obtaining treatment and admission to hospital for individuals [Green, 1997, Patch, 1999, Teplin et al, 1992].

The police experience a dilemma as to what action to take and where to place the mentally ill. Officers assume they will have to manage these situations and individuals again and again. They attempt to access medical treatment for individuals who are often released back into the community without the necessary assistance. What Green's [1997] study highlights is the short-term nature of many of the police solutions and the inability to address the fundamental mental health problems of the individual. The most that the police can achieve is a temporary cessation of troublesome behaviour. While the police appear to have numerous discretionary options available to them and a certain amount of control as to what action to take, the outcomes for the police are far from productive.

Each case faced by the police is individual and how they respond is dependent on a number of factors. In some examples, there appears to be a distinction between officers of the approach to take with the mentally ill. Those officers with more experience tend to adopt a position of 'no action' when encountering a mentally ill person who may have committed an offence [Green, 1997]. This is in contradiction to those police officers with more limited experience who favour arrest as opposed to more informal sanctions. The experienced officers 'ignore' the mentally ill, taking no action, whereas the officers who had served fewer years in the police tend to interact with the mentally ill, with the result that they either resort to arrest or implement more informal methods.

The reasons for such distinct behaviour patterns include an awareness by experienced officers that certain options available to them for managing the mentally ill are limited and inefficient. Generally, the police develop their style and method of working through

a process of shared information and education. The established officers transfer their knowledge of the 'system' onto the less aware members of the force. By the mechanism of self-learning, the officers learn to evaluate the various options available to them. Green [1997] argues that through this the police realise the possibility of using an informal approach against the more formal disposals, where there is a feeling that they are in a 'no win' situation. There is also an issue concerning the motivation for officers to interact and deal with the mentally ill. There is an assumption that the more experienced officers no longer have an inclination to engage with the mentally ill, especially if there exists a sense of frustration as to the courses of action they can undertake and questions around their effectiveness.

These studies illustrate the transitory solutions of the police and the apparent failure of the system in managing the mentally ill in the long term. Arrest is often used as a means of obtaining assistance for the mentally ill [Teplin et al, 1992]. While hospitalisation is one option available to the police, and would suggest the most effective method of obtaining treatment, Teplin et al [1992] found that the police are discouraged by the structure and system in place. The bureaucracy and the strident criteria for admission curtail the police in actively pursuing hospitalisation. The solution for the police is to determine and assess other options. Subsequently, arrest is an option through which the police could negotiate and control the situation, especially in three key areas.

- when the preferred solution was initially hospitalisation and the officer perceived difficulties in admission.
- when the mentally ill individual is visible within the community and is causing distress to other citizens.
- when the police perception sees the individual as a continued problem. The likelihood of this course of action would increase if the police felt that they have to subsequently return to the incident.

These actions are the result of 'necessity' rather than design.

Predominantly, it is informal measures that characterise police behaviour and practice towards the mentally ill. Over seventy percent of incidents and situations concerning the mentally ill are dealt with informally [Teplin et al, 1992]. They are more likely to be treated by the police with informal measures if they occupy the following groups; the 'neighbourhood characters', the 'troublemakers' and the 'quiet crazies' [Patch, 1999, Teplin et al, 1992].

One factor that influences police decisions is the degree to which they and their behaviour patterns are predictable. Those considered 'neighbourhood characters' are considered predictable with the police acquiring knowledge and familiarity. They are tolerated more than other sections of the mentally ill. With this group the police are fulfilling their role of street corner psychiatrists, assisting the mentally ill in their maintenance within the community [Teplin et al, 1992]. This contrasts with their perceptions of the 'troublemakers'. Here the police routine is disrupted. While there may be more appropriate formal measures, the police view them negatively. The officers consider the informal approach as 'the resolution of choice because troublemakers are thought to be too difficult to handle via either arrest or hospitalisation' [Teplin et al, 1992, page 153]. For the final group, their invisibility allows the employment of these informal sanctions. The police view this group of 'quiet crazies' as less serious and less likely to be in need of either arrest or admission to hospital.

For the police, the problems of managing the mentally ill in the community centre on finding the quickest and easiest solution for themselves and the mentally ill. This involves using their existing skills and powers to resolve a demanding situation. The

current climate of mental health has placed further pressure on the police to manage situations involving the mentally ill. As Bradley Taylor [1996] states,

“ One inevitable result of the care in the community programme has been to bring police into ever-increasing operational contact with mentally ill people. The disturbed man who shouts and gesticulates....in the hospital ward will be rapidly calmed down by trained nursing staff. The same incident in the shopping precinct will frequently lead to the attendance of the police whose primary concern is to stop the disturbance....”

[Bradley Taylor, 1996, page 300]

2.27 Police Dilemmas

The police experience of the mentally ill suggests that they occupy a fundamental role in delivering both control and assistance. It is one that creates a variety of dilemmas. It illustrates the necessity of discretion in managing the mentally ill. In one sense, the police reaction to the mentally ill is the same as that displayed in their interactions with numerous groups. Their attitude and concept of their environment, in addition to the structural and situational factors highlighted by theories such as that outlined by Bourdieu, impact upon their interactions with the mentally ill and other sections of society.

As illustrated, the police utilise skills, knowledge and an awareness of practical considerations to manage the mentally ill in the community. In the context ‘keeping the peace’ and ‘psychiatric first aid’, they institute a variety of mechanisms, with the aim of quick and effective resolution. The complex situation of the mentally ill in the community, for the individual, for care agencies and the police, requires the development of management mechanisms. Discretion provides the police with a series of options, in addition to a framework in which to understand their actions, behaviour and perceptions.

The dilemmas faced by the police in dealing with the mentally ill occur on a variety of levels. There are organisational demands aimed at ensuring a certain level of order and public security. There is an element of care involved in assisting the mentally ill, especially when in crisis. There are professional demands that dictate a certain level of inter agency working. The social features of the mentally ill, additionally, places requirements on the police. This questions their ability to deal with the diversity of multiple issues. One also has to draw attention to a possible function of the police within these social encounters and the issue of public expectations. The police removal of the mentally ill from the public view is based on notions of their behaviour and actions. It forces the police to act as gatekeepers of the social concepts of normality.

There are several characteristics presented to the police in their involvement with the mentally ill [Bean et al,1991]. While the police do not directly deal with issues of homelessness or drug use, their influence in bringing the mentally ill to the attention of the police has to be taken into account. The social circumstances of the mentally ill contribute both to their mental illness and an increased likelihood of police and criminal justice involvement. The predominance of a disadvantaged socio-economic position effects their general situation and their propensity to become involved in the criminal justice system [Boast and Chesterman, 1995].

The question that these findings initially raises involves looking at what function is being served by incorporating the police in the management of the mentally ill. When examining the police as an organisation and their various roles and practices, there is a need to provide a basic analysis as to why the police are seen as a source of containment and help, bearing in mind the general view and perceptions of the mentally ill. It is partly the control function of the police and of the wider criminal justice system [Boast

and Chesterman, 1995]. Society places expectations on the police to deal and manage the mentally ill in the community [Bean, et al, 1991]. The fear of the mentally ill and the apprehension that surrounds their visibility increases the public demand for action. The police involvement reinforces this fear, providing confirmation of the dangerousness of the mentally ill by incorporating them into the criminal justice system. This process of legitimising fear accelerates levels of anxiety. This, in turn, incorporates the police in further management and containment in an attempt to reduce this sense of panic. This cycle of apprehension and control will continue as long as the unsubstantiated fear of the mentally ill is not addressed.

2.28 Conclusion

It is evident from this review of the developments in mental health care and the police management of the mentally ill that important issues remain. The research studies looking at the police have emphasised aspects of their behaviour, actions and organisation. Research has included the following areas: police culture [Chan, 1996a, Shearing and Ericson, 1991], the use of discretion [Reed, 1980, Reiss, Jr, 1984], the police ability to identify suspects, and the subsequent process of action [McConville et al, 1991, Sklonick, 1975, Sykes et al, 1975], their relationship with numerous sections in society [Berkley, 1995, Meehan, 1995, NACRO, 1989], the police personality [Dixon et al, 1989], the police attitude [Horn and Hollin, 1997, Wilt and Bannon, 1976], the distinction between the various hierarchical levels within the police and their impact on practice [Grimshaw et al, 1987, Reiner, 1992a], and their powers and the situational factors which interact with the police sensibility to produce action [Smith and Visher, 1981, Wortley, 1997]. This is in addition to those studies focusing on the police encounters with the mentally ill, such as work by Borum et al [1998], Bowler et al [2001a, 2001b], Bradley Taylor [1996a, 1996b], Duff [1997], Gandhi et al [2001]

Lamb et al [2002] , Meehan [1995], Menzies [1987] and Teplin et al [1992]. They all acknowledge this function. One of the fundamental dilemmas in examining the police and their practice has been deciding the nature of their role. It is this dilemma that raises issues for the police role with the mentally ill.

What appears relevant today is a re-examination of the police involvement with the mentally ill. While some discussion has occurred on a broad spectrum concerning certain issues, there still remains a need to look at the police in light of the changes in recent mental health policy and particularly the experiences of officers in the UK. The research and the literature has also provided a wide discussion on such issues as the nature of policing the hierarchical struggles [Grimshaw et al, 1987, Reiner, 1992b] and the modern role of the police [De Lint, 2003]. There are also possible benefits from examining the police perceptions of their involvement, in addition to the practicalities of managing this group.

The literature and research indicate that the context of mental illness, the social policy response to its presence and the issue of the police management of the mentally ill are inevitably interlinked. The changing climate of mental health care and the developments and priorities in policing raise questions around what we expect from the police force and the resulting management of the mentally ill. The research study attempts to look at the police response and the issues that concern a group of officers in this changing area. How officers perceive their role and their concerns around involvement with the mentally ill have relevance for ideas on modern policing.

Chapter Three: Methodology and Methods

3.1 The Research Problem

Mental illness and society's response to its presence is fraught with contradictions and difficulties. For the police, their professional responsibility ensures that they have to develop mechanisms for coping and dealing with diverse predicaments. The focus of this study looks at the response of the police to current issues of the mentally ill in the community. Several questions occur regarding the police and their experience of dealing with the mentally ill in the community. The main areas and questions for this study centre on the following:

- How has the emergence of a new direction in mental health policy influenced the role and perceptions of the police?
- How have issues around risk and the dilemmas around care and control influenced the police?
- How has the policy response of the police proposed a change in the police management of the mentally ill?
- What approach do the police officers expect to take towards the mentally ill, which additionally recognises their own perceptions and definition of roles.
- What role/s are identified by the police when managing the mentally ill
- What factors do they consider in responding to the mentally ill in their community

The aim of the study was to examine the issues relevant to the police in their management of the mentally ill in the community. The research focused on how officers perceived such involvement, their approach to the mentally ill and the various dilemmas faced. It also examined the alternative solutions that, from the point of view of the police, would benefit them as officers in the community. The research was conducted on a limited group of officers [operational and managerial] over a specific time period,

between 1996-1998. What is presented, therefore, is a snapshot of the police management of the mentally ill in the community.

3.2 Methodology

In order to examine these questions, a qualitative approach was considered necessary. Qualitative research allows for a detailed examination of the social world of individuals. It aims to develop insight to their practice and reality. It suggests a deeper process than merely ascertaining the number of encounters and frequency of events. It implies that there is an instinctive and observable approach involved in the formation of a social world. With the possibilities of insights to be gained into police practice and their perceptions, this approach has been favoured for this research.

The argument for using a qualitative approach such as participant observation and interviews was to increase understanding of the structure of a particular social world. Within the study of the social interactions, to focus on statistics and facts, rather than the meanings, perceptions and interpretations, limits the picture that can be gained. The advantage of using a qualitative approach was to establish a hypothesis of how actors in that world operate. The aim by using this approach was to provide a view of what is occurring for the police at a particular time with reference to the social area of mental illness.

The use of qualitative research, particularly in examining the police, is not to establish the basic facts of their encounters, such as the frequency and number of contacts with the mentally ill. The use of official statistics suggests more about the organisation than the actual social encounters. Quantitative analysis, when based on official statistics, may prove unreliable in view of the fact that 'statistics' per se are social constructs [Ritzer, 1992]. They can be used or misused to portray a particular 'social fact' as is

required by those who construct the figures. In the police-mentally ill process, the lack of substantial official figures on the type and level of involvement illustrates the difficulties in categorising these incidents. It also highlights the police belief that implies that this area is not within their 'usual' domain.

Therefore, whilst an awareness and use of statistics has relevance for forming an overall picture of police encounters with the mentally ill, the descriptive element encompassed within a more qualitative standpoint allows for a further understanding of the perception and meaning of police officers. From the argument presented by Becker [in Jessor et al, 1996] the purpose of this type of research is not to define and determine the presence of certain phenomena, but to remark on the connections between incidents, events and practice.

3.3 Bourdieu's Notions of Habitus and Field

Bourdieu offers a framework to understand police behaviour. He examines the ideas around social practice and what people do in their everyday experience. Bourdieu examines the details of everyday life and how individuals construct action. It also involves analysing the behaviour of these individuals in light of their experiences. Two connected features are highlighted; the individual 'habitus' and the wider 'social field'. The usefulness of these notions to the police experience of mental illness is various. The area of habitus and the police identity assumes that a professional habitus would be formed due to role socialisation and the use of existing dispositions.

The suggestions made by Bourdieu's work may offer some explanations for the actions of the police with the mentally ill. Questions arise concerning the theoretical usefulness of such terms and the possible interference one has with the other, seeing any macro-micro link solely in terms of the transferring of the social norms developed with a

cultural habitus to individualised dispositions [Bohman, 1991]. While such criticisms have to be at the forefront of any analysis of Bourdieu and its relevance for any examination of the police, the explanation offered still has relevance for developing a possible framework for understanding.

Bourdieu's foundation for the ideas of habitus and field involves practical rather than theoretical concerns. The concept of habitus was utilised

“... to get out from under the philosophy of consciousness
without doing away with the agent,”

[Bourdieu, 1985, page 14]

To simplify Bourdieu's arguments for the habitus and the field may be to ignore the finer details of his theoretical standpoint. However, it serves to form a basis for understanding and one which may be applied to the experience of the police.

By habitus, Bourdieu is referring to the internalised structure, by which people perceive, understand and judge their world. Essentially, it is a mental process and one which guides the practice of the individual. Such notions additionally recognise that for the habitus to develop and exist, there has to be a form of social interaction. This interaction is not only between individuals but also their environment. Rather than act as a preordained rulebook, the habitus provides an outline of options and alternatives.

Bouveresse [in Shusterman, 1999] argues that instead of visualising 'rules', Bourdieu talks of dispositions and strategies within the habitus. A disposition, in broad terms, refers to a propensity or inclination [Jenkins, 1992, page 76]. However, it also applies to a state of being and the outcome of actions. It is essentially a form of structure that is well established within the cognitive processes of the individual. [Bouveresse in Shusterman, 1999].

There is a danger that a belief in systems leads to generalisations. Bourdieu appears to distinguish between different forms of habitus, particularly between an individualised schema and a collective construct. The cultural and historical issues put forward by this argument for a collective habitus implies a sense of objectivity. He sees it as existing 'outside' of the individual. This basis in history is the 'foundation of the habitus' [Jenkins, 1992, page 80]. It also provides a wider reference for the establishment of collective reality, and subsequently, practices. Notably, when examining schemas and methods of action, habitus can be described as the

“...result of long term occupation of a position within the social world.”

[Ritzer, 1992, page 578]

The link between habitus and practice is a manifestation of the complexity of the social world; habitus is created by practice, which in turn generates the social world itself. Conversely, it is also assumed that within the habitus is the notion of predictability. It behaves as a 'basis of a forecast....., despite the fact that 'it is not based on any rule or explicit law' [Bourdieu in Bouveresse, 1999, page 60]. It appears that this conflicting basis of habitus, as both a predictable set of dispositions that result in practice and as a options of available alternatives, raises concerns over the theoretical arguments for its existence and practical application. Discerning how individuals act amongst this myriad of considerations and assumptions can become confusing.

It can appear that individuals resort to their habitus purely as a method of acting, which is primarily situated within their unconscious, rather than adopt a careful consideration of events [Jenkins, 1992]. Bourdieu, however, acknowledges that the decision making process allows for limited conscious awareness of practice or actions. Reference is made to a state of 'less consciousness', a state in between, which accounts for deliberate

consideration within a framework of the subconscious foundation of dispositions.

Subsequently, it is the habitus which provides the basis for the decisions of the individuals, instead of a divorce between rational decision-making and the formative foundation of their dispositions.

Difficulties arise, however, in determining not only the nature of practice, but also the translation of habitus to practice. Jenkins [1992] raises concerns with regard to the application of habitus. Bourdieu's notion of practice is linked to his notions of habitus and field. How one's dispositions transform into practice is difficult to determine. Equally for the police 'habitus', it is difficult to distinguish between the police culture and individual practices. However, the use of these concepts to provide a possible framework for understanding behaviour recognises that, in being a police officer, there are distinct characteristics and practices. They are the result of experience, socialisation and the social environment.

The transfer of subjective understanding into actions in an objective sense, which Bourdieu applies, suggests a form of determinism and even a limited ability of the individual to change his world. Therefore,

“...the habitus is the source of ‘objective’ practices, but is itself a set of ‘subjective’ generative principles produced by the objective patterns of social life. Such a model is either another version of determination...or a sophisticated form of functionalism.”

[Jenkins, 1992, page 82]

There are several considerations involved in practice; its time framework, where ‘time is both a constraint and a resource for social interaction’ [Jenkins, 1992, page 69], its place in space, the notion of ‘practice logic’ and the sense of events happening. Here it appears that Bourdieu is using several metaphors for action, and specifically with

reference to the nature of the 'game' and 'game playing'. The individual not only shapes his own social world, but is also an intrinsic part of the particular event. Understanding the social world becomes part of the process of practice.

This particular stance recognises that individuals, while having aims and directions, also are positioned within their own sense of the social world. It is the marrying of the subjectivity of the actor and their habitus with the objective reality of the field that Bourdieu argues for. He suggests developing a view of the actor's own experience, rather than adopting theoretical models in which to place it [Jenkins, 1992].

What distinguishes Bourdieu from more interactionist approaches is his focus on 'agency'. Ritzer [1992] summarises Bourdieu's stance

“...Bourdieu focuses on the dialectical relationship between objective structures and subjective phenomena....To side-step the objectivist-subjectivist dilemma, Bourdieu focuses on practices, which he sees as the outcome of the dialectic relationship between structure and agency. Practices are not objectively determined, nor are they the product of free will.”

[Ritzer, 1992, page 577]

This necessity to avoid the division between the ideas of subjectivity and objectivity results in Bourdieu's belief in using practice as a method of observing the individual within their own contexts and social field.

3.4 Bourdieu and the Social Field

Regarding the notion of a 'field', Bourdieu interpretation relies on the work of others, such as Weber, and the transfer of the concept of a religious field to other areas of social activity. By elaborating on the notion of 'field', Bourdieu is recognising the similar traits that exist within the social world.

The notion of a field is inevitably linked to the habitus. Habitus cannot exist without a social field. It operates within this field and is responsive to different situations and circumstances. The combination of the various fields results in a societal model, or 'social space'. By field, we are referring to a 'arena of struggle', with each field displaying its own 'logic' [Ritzer, 1992, page 579-580].

In this sense, the field is an external and objective setting in which individuals apply their habitus. Subsequently, it is where practice takes place. Within the field are social positions, which suggest positions of power between agencies, institutions and individuals. The idea of struggle implies that each position is competing with others for resources. The 'power games' envisaged within the field comprise not only economic and political resources, but also social, cultural and intellectual.

While it has been argued that fields vary, both in logic and across time, certain features pertain to a common description of a field. The commonality of fields, demonstrates that

"each has its dominate and dominated, its struggles for usurpation or exclusion, its mechanisms of reproduction... But every one of these characteristics takes on a specific, irreducible, form in each field."

[Bourdieu, 1989, in Jenkins, page 86]

Certain aspects of the field are identified, including the relationship between the individual habitus and the structures of the field, and importantly, the possibilities that exist in this arena [Jenkins, 1992]. According to Dreyfus et al [in Shusterman, 1999],

"Human beings are socialised into this system of dispositions that enables them to produce on the appropriate occasion skilful social activity that embodies, sustains and reproduce the social field that in turn governs this very activity."

[Dreyfus et al, in Shusterman 1999, page 86]

3.5 Bourdieu and the Police Experience of Mental Illness

While Bourdieu provides a wide theoretical stance in terms of the practice of society, questions remain as to its relevance for the police, and particularly in terms of their encounters with the mentally ill. On a fundamental level, the police have a certain habitus, which may be outlined as 'culture'. This suggests a certain 'way of being', which includes a set of dispositions that aids the police officer in their work. It provides the individual with a 'tried and tested' response to various situations encountered in every day practice. The police, in their interactions with the mentally ill, develop a sense of routine or regularity in their choices as a result of their habitus. This occurs when acknowledging that situations are often unpredictable. The police also have a 'collective habitus' which is the result of shared experiences and common situations.

Equally, the police 'habitus' reacts to the situation faced. The police have to respond to a variety of incidents quickly and effectively. They have to rely on a several skills and techniques that help them manage particular situations. It also aims to inform the police of the features of the incident. It provides a 'mental backup' which enables them to decide what action to take. It can also be argued that there are certain features of the police habitus which come into play when faced with a social problem. These include methods to manage the conflict arising from caring and controlling the mentally ill. The police 'habitus' facilitates the police in negotiation of their environment. It achieves this by providing them with 'ready made' answers to the problem of managing the mentally ill in the community. Bourdieu implies that 'habitus' provides individuals with an inclination to act in a certain way. The use of habitus' in this research suggests that the police have a set of responses for dealing with the mentally ill in the community which are engrained. These include developing strategies aimed at the minimal disruption and

which manage the mentally ill effectively and quickly. This aids officers when managing social situations and negotiating their social environment.

The police, additionally, operate within a distinct social field, with its own definition or logic, which influences police action and which, in turn, is influenced by that action.

There is an apparent divergence between the supposed objectivity of the police world in the form of guided behaviour via their organisational demands, and the subjectivity of their response to differing situations.

In one sense, the social field of the police is a struggle between the maintenance of their notion of order and policing. Equally it also involves the individual dispositions that inform their practice. These may be in conflict with the wider aims of the social field or police organisation. Their social world involves a variety of alternatives, of learnt responses which are incorporated within their habitus. Underlying this specific context is the importance of recognising the predominant structure that enshrines the actions of the police. The police field in question is not merely a setting for power struggles, but also involves an interpretative process. This field incorporates the external factors that influence the habitus of the individual officer in their response to the mentally ill, such as the policy framework and their organisational response.

The arguments for using this approach with regard to the interactions of the police with the mentally ill was to find out the prerequisites of police work, and to 'see' where possible what it means to be a police officer when, potentially, their perceived role as law enforcers is extended. It is an attempt to understand the perspective of the police, and how they perceive their involvement with the mentally ill. It aims to view their world, if not from 'their shoes', at least from their stance. This is within the context of organisational and legislative pressures and changes, or using Bourdieu's term, the

social field of the police officer. This may have an impact on police behaviour and action.

3.6 Methods

The methods which I have attempted were determined by the affinity between the perspective and the methodology; a preference for a qualitative approach. At the same time the methods adopted were guided by practical constraints. Permission and access to respondents, the practical restrictions of the setting, such as the problems in directly observing the police, and the referral and choice of individuals for the interviews all influenced the research process.

3.7 Methods of data collection

From participant observation to statistical analysis of police actions, attempts have been made to examine and explain police behaviour and action [e.g. Patch, 1999, Teplin et al, 1992]. A more pragmatic argument continues with the insistence that to understand social actors and subjects, we need to know what they 'do' [Ritzer, 1992]. Incorporated within this is the changing or dynamic nature of this reality or alternatively the existence of reflexivity. The links between these notions and the work of Bourdieu in the area of practice and observation are apparent. It is necessary to note the complimentary approaches and the fundamental importance of understanding the 'practice' or actions of the individuals to understand their behaviour.

Two main methods were considered for this research. They were semi structured interviews and observation of police practice. When choosing this qualitative approach, it was anticipated that some level of participant observation of the police with the mentally ill could take place. It was considered useful to examine how the police managed an incident involving an individual with mental illness. This would have

provided additional information as to what the police 'actually' did when faced with a particular social problem. This observation, in conjunction, with interviews may have provided more insight to the dilemmas faced by the police.

However, the difficulty when researching such institutions as the police is the acceptance of the researcher into a direct participant observation role. To directly observe the police involves overcoming obstacles, including the difficulties in providing a safe environment for the researcher in the field and the police acceptance of observation of their practice. It was anticipated that I could directly observe the police practice, including such as aspects as their relationship with the mentally ill individual and other professionals.

However, in discussions with police managers, it was felt that this would prove difficult to organise. Concerns centred on ensuring that I would be safe whilst in the community and, from the police perspective, that I would not negatively effect the practice and the work of the police. As no resolution to these difficulties was found, the method employed involved the use of interviews and an examination of relevant documentation.

The methods of data collection included:

- interviews with operational officers.
- interviews with managerial police officers of the rank of inspector and above, who were either responsible for mental health policy of the force or had a particular interest.
- examination of the police procedures, policies and guidelines for dealing with the mentally ill in the community. The documents included section 136 procedures, policies on diversion, joint procedures on mental health issues, training packages and research documents.

The interviews with both sets of officers were conducted with the use of a semi-structured questionnaire (see appendix).

The semi-structured questionnaire for operational officers was categorised in such a way to reflect the process of the police interaction with the mentally ill. As Dey [1993] acknowledges such procedure is 'forward looking', anticipating the outcome of the research, as opposed to a retrospective look at the data. In doing so, it is anticipated that the social features and factors within the police encounter with the mentally ill will be included.

In developing the relevant areas for research, several processes were instigated to ensure the inclusion of significant areas. These included the obtaining of information from an overview of previous research into the police encounters generally, and with specific reference to the police and mental illness, and from informal discussions with managerial officers. Thus the questionnaire covered the following issues:

- The context and initiation of the encounter and how the interviewee came into contact with the mentally ill
- The ability of the police to identify mental illness and their mechanisms of determining the presence of mental illness
- The factors prioritised and the reasoning behind such action. The main focus was on what the police do when faced with an individual with mental illness and the factors considered. This concerned their methods of dealing with the mentally ill and the skills employed.
- Their perceptions and examination of the dilemmas faced by them as police officers. These included care and control issues. Within this possible solutions as to how the police, if given the choice, would manage the mentally ill the community were also addressed.

For managerial officers, the questions focused more on the policy and the development of an organisational response to the mentally ill. The semi-structured questionnaire used in these police interviews examined the following areas:

- The police involvement with the mentally ill. This included questions around implications of mental health policy on the police and any estimates as to the numbers of mentally ill who come into contact with the police.
- The policy of the force for dealing with the mentally ill and the development of schemes, including Home Office directives and locally organised schemes. This section also recognised the changes to policy that have occurred.
- The practical implementation of policy and the perceived effectiveness. This includes expectations of the police managers and the transition of policy into practice.

By interviewing both operational and managerial officers, it was hoped that an organisational and operational view would emerge. In recognising the role of both every day practice and the policy governing that practice, a wider picture of the management of mental illness by the police may be achieved.

For the examination of the various documentation, several issues were relevant. These included:

- Timing of the document – when were they produced i.e. in relation to key policy changes in the field
- The source of the document - where they completed on an organisational level or an indication of individual interest or impetus.
- The extent of guidelines and procedures- practical implementation of the guidelines

Such methods attempted to ascertain the extent and type of police involvement with the mentally ill in the community. However, as with any methods utilised, there are a number of issues that need to be addressed.

3.8 Practical and Ethical Issues in the Methods Used

The assumptions in interpreting any interaction between the subject and researcher are various. Included in this appraisal should be an awareness that some information is limited, wrong meanings or interpretations may be given, or that the subject may

change their responses and their meanings, depending on circumstances. As Bourdieu comments in his discussion of methodology, there exists a range of data gathering techniques. Each method will, therefore, be reflected within the research findings. This is in addition to the dual role expected from the researcher as both insider and outsider.

Questions of reliability and validity arise, particularly when acknowledging the varying consistency of the individual and groups' accounts and meanings. An underlying consideration, however, centres on the issue of guiding or directing the subjects into areas, instead of allowing them to provide their own accounts. The importance in 'unanticipating' responses is important [Becker in Jessor et al, 1996]. Assuming the answers prior to the given account limit the information obtained. It may also overlook certain aspects that are important in understanding the process. For,

“... the observation which requires less inference and fewer assumptions is more likely to be accurate, although the accuracy so produced might not be worth bothering with.”

[Becker, in Jessor et al, 1996, page 64]

The researcher has to develop an understanding and awareness of their own practice and the impact on their research. The researcher in the process can be described as being a 'receiver' for the viewpoint of the actor in recounting their social environment. The regulation of assumptions requires the impartiality of the researcher and the desire to 'prove' a social encounter to be ignored. By recounting events, the subjects could describe how they shape and determine their social world.

The issue of interpretation is important. When recalling events and formalising the process, subjects, including the police, are not necessarily providing a 'true' account [Shearing et al, 1991, Waddington, 1999]. Rather the notion of figurative language assumes that their accounts, be it in mythical repeated terms or as illustration, provides

insight into the police worldview; what they exclude becomes as important as what is included. The 'truth' that emerges is based on the internalised or subjective approach to appropriate action and placed within an externalised context of understanding the social world of police operation.

The dilemmas of subjectivity and objectivity have an effect on understanding the answers given, and differentiating between the two. Bourdieu argues that it is difficult to make a distinction between the two. They both describe the social world as seen from distinct viewpoints. The difficulties arise when asking respondents about their subjective meaning before objectifying their world, their field and habitus. The resulting emphasis on official accounts subsequently can lead to an account with limited foundation in practice. Within this analysis, such a response may tend to,

“.. describe the state of affairs which ought to happen because the nature of the occasion inspires them to explain [or justify] their behaviour, in addition to [or instead of] describing it. The accounts which they produce are thus ‘official accounts’.”
[Jenkins, 1992, page 53]

Within the realm of the police, therefore, there may exist a tendency to further embellish accounts with reasons for such actions. With Bourdieu's discovery of the recourse to official answers being a recurring limitation, it should be recognised that the examination of the police world also involves understanding the basis of their practice.

The examination of police documents as policy and as guidance also raises certain issues. How answers are framed within the interview arena can be equally applied to the study of documentation. Why and how such procedures and guidelines are formed is as important as what they say. Documents may become distorted to reflect the needs and requirements of the organisation [and society] involved. As illustrated within the

examination of the organisational context, the use of formal guidelines can be seen as an attempt to control the actions of officers by curtailing the use of discretion. The underlying impetus for the development of policy and procedure has to be acknowledged, both positively and negatively, in order to understand its place within the context of the police interaction with the mentally ill.

There is also a risk in using semi-structured questionnaires. This concerns the guiding of the subjects into the required responses. The element of direction cannot be ignored, even in the open-ended semi structured interviews used. In distinguishing the areas to be examined, there is a possibility of ignoring other social determinants that may influence the behaviour of the police. It was hoped that officers referring to their experience, collectively and individually, would highlight their main experiences, meanings and perceptions of the encounter. The specificity of questions was limited to the key areas of the interaction process, and maintained throughout the interview process. The key features highlighted within the findings were confirmed and reiterated throughout the interviews by the officers themselves. The development of this particular process also recognised the time limitations of access to the officers for the purposes of interviews. While a full discussion took place in all the groups, an awareness of the reality of officers in their workplace meant that they were restricted in how much time they had available.

Equally relevant within this approach are the questions posed by the observer and the subsequent interpretation of the subjects. Methodological issues are posed within this approach, notably the reliance of the observer on the subjects' understanding of their practice. The generalised nature of the discussion and interpretation may hide the more

detailed actions of practice, with the questions asked reflecting this standardised and rationalised view.

What is apparent is that such a process is impinged with bias, subjectivity and dilemmas that affect the research. As Horn et al [1997] point out, the police culture and the emphasis on masculinity within the police force has implications for 'outsiders', both in an organisational sense and in terms of gender. Additional factors also contribute to the process of research and influence how that research is subsequently presented.

3.9 The Role of the Researcher

The role of the researcher within the overall process is obviously important as it influences the responses received and the findings presented. The social practice of individuals cannot be fully understood until the practice of the observer or researcher has been scrutinised. The need to know the researcher, their background and their practice are prerequisites to understand and evaluate the research process.

3.10 Background

My employment in the Personality Disorder Service at Ashworth Hospital at the time of the research obviously influenced the research process on several levels. As a mental health worker, and particularly in a forensic setting, several personal factors influenced not only the research topic but also the process. While it provided me with some insight into the issues of mental illness and the potential difficulties for the police, there was also an awareness of the potential for bias to occur, both in the selection of questions and the interpretation of findings.

It is important to recognise the dilemmas posed for the police and how they develop any methods of management. Why the police behave as they do and how they maintain their

'status quo' in light of the difficulties presented became important considerations. It was these aspects that further instigated my interest into the role of the police when involved with the mentally ill.

There remain additional ethical dilemmas in the process. As outlined previously, the observation of social actors within a particular environment is open to interpretation. The communication procedure involved is equally open to differing meaning, as is the interview process itself. Through my familiarity of the mental health and criminal justice systems, and previous experience of working in the criminal justice system, the interpretative process was made easier. However, I acknowledge the danger in making assumptions [as reiterated by Becker previously, in Jessor et al, 1996] as to the process and outcomes witnessed. To be familiar with the setting may imply a bias as to the anticipated responses of both the subjects and the process observed. It choosing these methods it additionally places emphasis on the possible bias that may result. The limitation of examining police practice by interview rather than direct observation acknowledges the reliance on asking the 'right' questions. Additionally, examining and detailing responses are open to interpretation. Making conjectures on police practice does not necessarily equate to police practice in reality.

While Bourdieu calls for participant objectification and a research process that 'steps into the shoes' of the subjects, such positions in reality prove difficult to formulate and maintain. Several limitations become apparent, notably in terms of the 'outside' observer being accepted into the world of the subject. Additionally, personal and professional considerations deter from full participant observation and interaction. The position of the researcher in response to the subject, especially if examining structures

that entail a different culture, albeit an organisational one, and the apparent distancing between the two effectively may establish a boundary.

There are obvious factors and features of the research process that influence the collection and collation of results. In addition to requiring police permission for access to their officers, the differences in interview processes raises issues. The police canteen culture often distinguishes officers from not only outsiders, but others in the police service. Much has been said with regard to the culture of the police [Chan, 1996, Horn et al, 1997, Reiner, 1992b, Waddington, 1999]. Often it is seen as a subverting force, corrupting the flow of policy into practice by overtly applying its own rules and agendas [Waddington, 1999]. Therefore, any research into the police has to take into account the individual and collective police culture of officers. It aids in how they not only perceive their role, but also act within that role. This was particularly pertinent in conducting interviews both on an individual and group basis and the resulting information gained.

3.11 Gender Issues

When discussing the role of researchers and their impact on the research process, issues of gender have relevance. This was particularly the case in terms of my role when examining the practice of the police. Gurney [1985] illustrates the concept of isolation in the case of the female researcher within a male dominated setting and the various roles encompassed within such situations. Noting the lack of reference to the specific experience of the female researcher, possible issues that may occur are signified. The 'devaluing' of the female researcher, the classification and establishment of subservient roles and the expectation of a non-threatening demeanour all contribute to the subjects'

perceptions involved in the research process [Gurney, 1985]. The possible effect on the research findings, due to gender and attitudes, is difficult to ascertain.

The methods to alleviate any bias include the avoidance of personal involvement and the maintenance of professional boundaries [Easterday et al, 1977]. Encompassed within this is the consistency of researchers in the application of their research and the issue of objectivity in relation to the status of the observer. There needs to be an acknowledgement of these issues within other demographic groups and the experiences of other researchers. The difficulties experienced by female researchers may be features common to all and exist in the working environment of a variety of settings [Gurney, 1985].

These aspects generally are particularly evident when examining an organisation such as the police. The nature of the police as a closed institution, with an established culture and set of working beliefs provides certain research dilemmas and potential difficulties. Horn [1996] highlights the need for the researcher to develop negotiation skills when working with the police in particular. In understanding the hierarchical nature of the police and the potential for difficulties as a result of top-level consent for research, the researcher in these situations has to acknowledge the prerequisite of establishing trust and rapport with the subjects. The need for 'informal access' often arises despite the acquisition of formal consent from the police managers [Horn 1996]. The belief that officers generally are suspicious affects the level of participation in the research process, coupled with identification made by officers of a researcher link with higher management. The achievement of this informal consent by the research subjects takes various forms.

The acceptance of the researcher within the police organisation is dependent on several strategies. The adoption of a non-threatening role, some semblance of credibility and a recognition of the contribution to be made within the research field by the police.

Referring again to my professional background, it is evident that this assisted in gaining access to the officers. The perception of officers of my role and their curiosity around Ashworth allowed for the development of a level of rapport. As the interviews occurred at the time of the Fallon Inquiry into incidents in the Personality Disorder Service, interest was further heightened. Additionally, areas of concern around the issue of personality disorder and officers' experience and understanding of the concept enabled an exchange of information. It may also have signalled to officers a level of awareness of the issues the police face in their encounters.

During the course of the interviews, similarities between Ashworth and its public image and the related experiences of the police in maintaining a positive image in light of criticism often levelled at the service became apparent. Comparisons can also be made with regard to culture. These cultural similarities included the shared belief in maintaining one's safety till the end of the shift and the use of 'black humour' as a coping mechanism. Therefore, a recognition developed of the similarities between the two working environments, the assumptions attached to each, and the effect on the workforce of these cultural factors.

As noted earlier, gender issues may also have contributed. I was assigned a non threatening role at the onset, as acknowledged by others researching male dominated settings. Horn [1996] notes, with regard to her own research, that the attachment of this role involves demonstrating support for the police, empathising with regard to their experiences in dealing with the mentally ill, and placing oneself at the lower end of the

hierarchy. These factors helped to establish a level of understanding and rapport, which allowed for the some exploration of key areas within the police-mentally ill interaction process.

The area of mental illness is equally open to interpretation. Whether one considers mental illness to be a social construct or not, individuals have their own perception of the nature and extent of mental illness. It is difficult to qualify how others perceive events and interactions.

3.12 The Setting

The prime setting for the interviews with managerial and operational officers was the police station. While a preliminary examination into the formal schemes involving the police and other agencies was useful, it became apparent that the police environment itself was more important. This was primarily in terms of trying to understand the practice of the police themselves, rather than their interactions with other professionals and agencies.

3.13 The Police Forces and the Sample of Managerial Officers

In choosing the police forces to examine several considerations occurred. The type and location, access and availability to officers all were factors involved in the research process. The restrictions in researching a social agency such as the police, its closed nature, and the practicalities in direct observation of interactions all effect the type of participants, the numbers involved and progress of the research.

At the start of the research process, six police forces were approached. The aim was to provide a diversity of forces, from both urban and rural locations, with their differing experiences of encounters with the mentally ill. Contact was made via a letter outlining

the rationale for the research and its aims. This was followed by phone contact and arranged meetings. All forces were provided with copies of the questionnaires.

To gain access to a group of officers involved formally applying for permission to police headquarters, outlining the aim of the research and the process to be undertaken. This process was in itself time consuming. From this process, two groups of officers were identified: those managerial officers responsible for policy and groups of operational officers based at specific stations.

Five police forces permitted interviews to take place with six managerial officers.

In obtaining access to the managerial or administrative officers, it was hoped that a view of the wider response of the police perception of mental illness would be provided. The interviews with two hierarchically distinct groups of police officers was, consequently, an attempt to distinguish between the 'official answers' or 'official response' and the reality as the police in their every day practice viewed.

Six officers of the rank of Inspector and one Chief Inspector were interviewed to ascertain the official position of the police towards the mentally ill in the community.

The officers involved had participated directly in the response of the force to the problem of the mentally ill in the community, through the development of schemes with other agencies or through instigating research and training in their particular forces. In other words, the managerial officers interviewed all were assigned responsibility for the force's guidelines, procedures and systems for dealing with the mentally ill. The combination of the two groups of operational and administrative or managerial officers can be found in the final chapter. However, as previous research has testified, the divergence between what 'ought' to be done and what activity takes place in practice is notable [Green, 1997, Teplin 1994].

Throughout the process, I continued to be reliant on the willingness of the police to let me into their environment, to such an extent that how the participants and groups were selected was at the discretion of the police managers. The dependence on the police themselves to choose and refer individuals meant that the police could influence the research by selecting those they considered suitable. This did not prove as problematic as first anticipated as the police allowed me a certain level of freedom, especially in terms of the questions posed, with no restrictions on the type of areas to be covered.

3.14 Sample of Operational Officers

While all these forces offered help in the form of documentation and general information, only two allowed direct access to operational officers. Both these forces were in the Northwest area of England. There was no link between the forces, other than geographical location. Each operated independently, with their own localised procedures and policies.

The access and selection of these officers involved negotiation with the police. The sample proved to be largely determined by the police force themselves. Attempts were made to distinguish interviewees via experience, role and rank. Restrictions were inevitable, such was the reliance on the police to co-operate in the research. However, in practice the issue of police selection only occurred in one station, and may have been more to do with the availability of staff than a covert effort to present a positive police image.

Although I was allowed access to the staff at this station, I was guided to some extent towards officers who had relevant experience of the mentally ill, and who were also available. Therefore, the group of officers selected was as a result of police managers' interpretation and their individual availability. However, it proved to be a cross section

of individuals, ranging from a probationer with six months experience to a CID officer with thirteen years. These interviews of six officers at this station took place in March 1998.

In the second station, however, access was allowed for all the operational officers at the station. All the five shifts located at this station participated. Out of a potential number of forty officers, access was obtained to thirty-two. The interviews took place throughout June 1998, with each different shift being made available for interview. Of those eight officers who were not interviewed, the reasons given included training and annual leave. In total and at both stations, thirty-eight officers were interviewed.

Officers were interviewed in groups and individually. This was a result of police organisation and the availability of officers. It was anticipated that all accounts would be recorded and later transcribed. However, this was not possible. As a result, the scripts of the account were written in the presence of the officers. While a tape recorder would have aided the process, diminishing the risk of losing information, this proved difficult on both practical and ethical grounds.

The practical concern centred on the reluctance of the police to allow the use of a tape recorder. Ethically, it may also generate suspicion and lessen the development of rapport, and by implication the likelihood of establishing the police understanding of their practice. However, it has to be equally acknowledged that writing responses in the presence of officers also has limitations and problems, including the development of trust and the reversal of role for police officers. While it is they who are used to obtaining information, they were being assigned the role of interviewee in having their responses recorded. In some respects this may have limited their openness to providing

accounts of their experience, and may have involved an initial wariness to the research itself. However, through issues highlighted by Easterday [1977], Gurney [1985] and the techniques stated by Horn [1996], I attempted to develop and maintain rapport with the officers through the perceived common experiences and through listening to their experiences.

The reliance, therefore, was on the writing of the accounts while conducting the interviews, and immediately after. This involved using the interview schedule as a guideline and detailing the replies in relevant sections. It also involved constant clarification by officers to ensure that the response recorded was accurate to them. However, it does not diminish the disadvantages that relying on an interview process as opposed to directly observing the police interaction with the mentally ill poses. It accentuated my ability as an observer and researcher to interpret the main features of the police accounts, and to avoid distorting the remarks of the officers interviewed, placing my bias, subjectivity and understanding of the situation above that of the officer. There is also a limitation in actually recording the responses, a recurring danger that 'something will be missed'. While the method used allowed the development of insight into certain aspects of the police world, it could not compensate for prolonged access and observation of the practice and actions of the police. The research methods therefore had to be designed to account for the actualities of the arena and the participants under view.

3.15 Data Analysis

The data collected via the group and individual interviews with all officers was examined and compared. The interviews with managerial officers was transcribed after the interview and all relevant documentation from each force was examined. The

documents from each force were compared, to highlight any differences or similarities. After each interview with individual operational officers and groups, the interview was also transcribed and themes identified from the statements of officers. Any similarities and differences were noted. These were then compared with previous interviews to ascertain any collective themes and topics. This comparative approach allowed an examination of clear themes to emerge. The response of one group of officers, therefore, aided in informing the next group. This process was maintained as the research progressed. Several themes were identified as a result of this process, and while certain limitations are evident due to the method of data collection, it ensured some level of consistency.

There are obvious difficulties in using both individual and group interviews. The data that was obtained displayed some differences between individual and group responses and experiences. The individual officers had more time to formulate their answers and were not aided or restricted by their colleagues. Within the group interviews, it was evident from the transcripts that certain experienced individuals contributed more than other officers.

Analysis of the relevant documentation from five forces was undertaken. Documents included the following:

- Monitoring forms for section 136
- Joint working and procedure guidelines
- Training packages
- Research documents carried out by several police forces

This analysis looked at what the policies stated and how they intended to be implemented. This should be seen in conjunction with the information obtained from the interviews with managerial officers. The documents identify the organisational

response to the mentally ill and the application of schemes that aims to serve the interests of those involved. It also highlighted how different police organisations deal and manage the mentally ill in the community. The findings from the documents are included in chapter six.

Interpreting written documentation for relevance and meaning carries the same obstacles as the interpretation of oral accounts [Hodder, in Denzin et al, 1994]. These include some of the issues previously highlighted such as the timing of the production of documents. For this study, this examination and analysis of documents was attempted in order not only to expand on the assumption of the recourse to 'official answers' and to understand the 'official' response, but also to acknowledge the deviation between the procedures as outlined in documents and the practice of the individuals interviewed. One example of this deviation concerns the development of schemes and policy guidelines on the use of diversion projects, which aims to place the mentally ill in the health system. There appeared to be a reluctance by operational officers to regularly use such schemes. Officers considered the various practicalities involved in accessing the schemes, but tended to rely on their own methods of policing to manage the mentally ill. This variation highlights the importance of examining the process from both the organisational viewpoint and the experience of officers.

3.16 Conclusion

Previous work has highlighted the need to see the police as fulfilling a variety of roles, and importantly, providing assistance for the mentally ill. This research aims to reaffirm such beliefs in the role of the police in society. This study, while recognising the work of previous studies, uses as its scope the current reactions of the police to a particular social problem, its impact on their individual practice, and the wider considerations of

police service. It aims to provide a depiction of relationships and practices. In doing so it does not make claims to provide all the answers to the police interpretation of the mental illness and their encounters with this particular group. The complexity of the police world and the expectations both on and of the police combine to produce a study whose claim can only be to offer a limited perspective into the encounters, experiences and interactions of specific police forces.

The focus was concentrated both in terms of the subject area and the subjects interviewed. The research deals with a certain group of officers who are subject to individual beliefs and experiences. This may prove difficult to translate to other police forces. However, the research does draw attention to one particular dilemma and raises questions that may be further examined and hopefully prove relevant to the police world of mental illness and social encounters.

This thesis aimed to look at the several components of the police reaction to the mentally ill, by examining the view of the police, their priorities and the solutions to the dilemmas posed. It has to be acknowledged that some actions take place within an organisational setting, containing a form of social structure. The research, therefore, recognises this by looking at both the policy and practice of the police.

It is important to reiterate that this study is primarily concerned with police perceptions at a given time. Future developments may influence police practice on a wider level. The findings suggest particular dilemmas faced by police in dealing and managing the mentally ill in the community within the context of modern policing and a fluid mental health policy.

Numerous themes emerge from these interviews with officers. The main themes include the following:

- The informal management of the mentally ill, the use of discretion and the problems of solving a social problem within a policing framework.
- The issues around the care and control of the mentally ill and the dilemmas surrounding their vulnerability and the police perception of the risk of violence.
- The policy response by the police forces and the variation in practice, which attempts to influence the behaviour of officers.

It could be argued that these themes influence and determine the development of the police 'habitus'. The themes identified by this group of police officers play a crucial role in their encounters with the mentally ill. They are seen as the main factors influencing police behaviour and action towards the mentally ill. As Jenkins [1992] acknowledges, the practice of individuals is located in the habitus. Their ability to make decisions is result of their individual dispositions. Any choice made and action decided is the result of these core characteristics, which have been developed over time. At a basic level, 'the habitus disposes actors to do certain things' [Jenkins, 1992, page 76]. The habitus of the police facilitates their practice towards the mentally ill by identifying the key options available. This is achieved via experience rather than through learning or teaching.

**POLICE PERCEPTIONS OF THEIR
ENCOUNTERS WITH THE MENTALLY ILL IN
THE COMMUNITY**

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PhD

2004

Chapter Four: Findings - The Risk Agenda and The Police

4.1 Introduction

When examining the police perceptions of the mentally ill in the community and their role, collective themes emerged for officers dealing with the mentally ill in the community. The nature of the police involvement with the mentally ill and the frequent contact with a group of mentally ill individuals meant that, for the groups of officers interviewed, similar scenarios appeared. The issues that were raised and their apparent existence in the police working framework emerged from the interviews conducted.

While there are obvious limitations as to the extent and scope of the research [which will be discussed later], the findings provide an indication of the views of these officers and options available when dealing with the mentally ill.

The modern police officer has to not only appear professional but also achieve this in a climate of risk assessment and management. This is in conflict with the obvious vulnerability of the mentally ill. The notion of risk for the officer involved various components. These included violence and unpredictability, the use of force and the officers' perception of the mentally ill. This involved their understanding of mental illness and the characteristics they identified in the mentally ill in their community. For the police officer, there were obvious concerns and reactions to the dilemmas posed.

4.2 The Sample and Setting:

In total, thirty-six operational officers were interviewed. The operational officers came from two police stations in the Northwest. Within the sample group of operational officers, there appeared to be a variety of experiences. Police constables were the predominant group throughout the interviews. Of

these officers, the majority were male. Most had several years experience as officers, with a significant number gaining most of their experience within the same force.

There are implications apparent within the dynamics of each group of officers, particularly for those from station B. This was evident when there were more experienced officers present. The more experienced officers, and particularly the sergeants when present, guided the discussion. Here they appeared to reiterated their own experiences. The officers with less experience mainly took the lead from their more knowledgeable colleagues

However, these findings overall attempt to provide some insight into the experiences of these officers with the mentally ill. The main findings from the operational officers are contained in this and the following chapter. The findings are divided into various sections, which highlight the main issues for the officers in the management of the mentally ill in the community.

The main concerns for officers in the community incorporate several areas, including the main source of contact and the police assumption of the behaviour of the individual. Predominant throughout is an awareness of the issue of risk.

4.3 The Identification of Mental Illness

In the every day encounters with the public, the police had to devise a system which served as an indication as to the character, behaviour and intentions of the individuals they faced. They relied on their experience, the wide-ranging notion of police skills, and knowledge of the area they policed. When that individual was mentally ill, the officer had to develop further their understanding of behaviour,

signs and cues to determine what was wrong. It was debatable as to whether this was sufficient, especially when considering the actions of the officer after the initial 'diagnosis' and the problems posed for the police.

The officers interviewed categorised and detected mental illness using a variety of methods and signs. This was linked to their own individual experience of mental illness. Equally, it was dependent on individual situations. Several of the officers in Station A referred to the development of instinct in informing them of an individual's mental state. These officers, in particular, had considerable experience, as custody sergeants and as a community beat officer. This may have influenced their ability to determine mental illness. This was in contrast to another officer in the station, who has been in the police for eighteen months at the time of interviews. He outlined his approach to identifying mental illness as involving examining more internal features, such as the individual's ability to deal with stress and the presence of depression. He acknowledged that if someone appeared to be distressed he would ask further questions and attempt to find out more about that individual. It is significant that this officer had less experience of mental illness than some of his colleagues.

The police in both stations acknowledged that they were not trained to detect mental illness. Their primary determination of mental illness involved no more than sensing that 'something was not quite right' about an individual. The following were responses and factors the police considered when attempting an assessment of mental illness. Officers generally identified the following as cues for mental illness.

Table One: Police Signs of Mental Illness

1.	Unkempt behaviour/ not looking after themselves/ how someone looks
2.	Eccentric behaviour
3.	Demeanour/ 'wild eye' look
4.	Daft requests
5.	Not responding when questioned by the police
6.	Someone who is stressed
7.	Mood swings/ irrational behaviour/ rocking back and to
8.	Conversation/ what someone says /talking gibberish
9.	How they react in conversation

The arbitrary and wide-ranging comments around their method of perceiving mental illness indicated that the police rely on physical signs of mental illness. The content of conversation and the manner presented by the individual were cited by all officers as key indicators for deciding on the mental state of an individual. The police, although unable to quantify their ability, felt that these cues were accurate. This was in conjunction with the existing confirmation of mental illness from relatives or other professionals, within both the citizen and professional calls for assistance.

The police notion of 'something not being right' about the individual, and with the initial indication of mental illness, provided them with sufficient cues and indicators to precede to act. The reliance on existing methods of judgement in given situations was translated into the specific encounters with the mentally ill. The police, rather than develop a wide range of new skills and methods, incorporated the 'tried and tested' skills of policing, even in diverse situations. Being a police officer assumed a core

role that remained, and adapted to, changing social encounters.

4.4. The 'Police Regulars' - The Recurring Problem of Policing the Mentally Ill

One of the main issues at the start of the research was establishing the level of police contact with the mentally ill. It became obvious throughout the groups of officers and individuals interviewed that there were a group of mentally ill individuals who came into contact with the officers on a regular basis. The police officers in Station B estimated that there were thirteen individuals in the community who had regular contact with the police and who were mentally ill. Whilst this, for some, did not occur on a daily basis, the contact was considered significant. This was the case for the police constables generally. For officers in station A, this figure was hard to ascertain, with figures ranging from five to ten. One officer stated that he believed that the officers had contact with at least one mentally ill individual a week. This lack of statistical evidence confirms the mainly anecdotal evidence of many of these police encounters with the mentally ill.

For the custody sergeant at station A, their specific role recognised the context of managing the mentally ill. He outlined his role as mainly making assessments on arrest. He made the distinction between his usual clientele and the mentally ill.

“ If a burglar is aggressive, this is because he has been caught, if they are mentally ill, it is due to their illness. Things have to be put into context and balanced with what they have been arrested for.”

[Custody Sergeant, Station A]

There are various examples of the type of incident involving the mentally ill. The custody sergeant gave several examples from his own personal experiences, such as the call to a local hotel where a middle aged woman claimed to be the owner. She was released, moved onto another area and then was detained. The sergeant saw her mainly

as a 'nuisance'. A more serious incident involved a young woman at the local train station, who heard voices telling her to sacrifice her child. The sergeant described her as both being physically and verbally aggressive. She was later sectioned for seventy two hours. These examples of encounters with the mentally ill can be seen as occupying extremes described either as amusing or nuisance incidents, involving their local eccentrics and the more serious cases such as attempted suicide.

The cyclical nature of many of the police encounters with the mentally ill was a common feature.

"The regulars – I know them – I know what to do with them – its worse with someone I don't know."

[Police Constable, Station B]

The officers often saw the same people month after month. These police regulars were described by one officer in the following way,

"The eccentrics- you just accept them, you tolerate them – then there's the other mentally ill, and the violent. A lot are seen as personality disordered. Even the eccentrics though have the potential to be dangerous – you have to always be aware of this."

[Police Constable, Station B]

In addition to dividing the group of mentally ill into groups, the police recognised the frequent meetings with the mentally ill and the potential of violence, issues which will be discussed further. Officers in Station B distinguished between three definitive groups, the eccentrics, the 'other' mentally ill and the violent. The 'other' mentally ill comprised a group of individuals who were seen as to be distressed but did not share all the characteristics of the other two groups [e.g. 'odd' and humorous behaviour]

There was also an awareness of personality disorder throughout a number of the officers in Station B. This situation provided the officers with additional dilemmas. They understood personality disorder to be a mental illness. The individual was seen

as disturbed and in need of help. For them, however, the diagnosis was given after the individual was taken to the local hospital.

“A lot of them are classified as personality disordered by psychiatrists. The reason for this is so they can be released with no service or hospital required. It saves resources. It’s a standing joke amongst officers the number of people seen as personality disordered. It’s used by psychiatrists to let them go.”

[Police Sergeant, Station B]

The officers felt that reasons for use of this diagnosis had more to do the ability of the local hospitals to admit individuals. There was a perceived lack of resources available to manage this particular group. It was unclear from the interviews whether other factors such as alcohol and substance use influenced decisions, rather than only the presence of personality disorder.

It was the combination of the potential of violence and repeated contact which characterised the police-mentally ill interaction for all the officers. Despite this, the police often perceived these people as in need of help, but that they had either fallen through the social and health care services’ net, or who had persistent problems, which facilitated their visibility to the criminal justice agencies. Officers maintained that the system was not dealing with them, making it more likely that they would come into contact with the police [Police Constable, Station B]. The risk issues concerned both the mentally ill as potential perpetrators of violence and the risk of harm to themselves.

“The mentally ill shouldn’t be put into these situations in the first place. I feel sorry for them, they get picked on. They are vulnerable. I usually end up leaving them – I know what the system is like.”

[Police Constable, Station B]

Officers saw the system as facilitating their contact with the mentally ill. The criminal justice process involved the mentally ill several times, with officers recognising the

occurrence of repeated episodes of criminality within this population. This contact continued until the desired recognition of the underlying mental health problem had occurred. Officers argued that only after several encounters with the police was their mental illness recognised and dealt with. They stated that their aim within these situations was to react to and establish their safety and that of the individual. They would then try and use the system to achieve a result. The problem identified by these officers was the time consuming progression from the first meeting to getting through the system. These themes of time, effectiveness and bureaucracy were central throughout the police experience of the mentally ill. The police, therefore, faced similar problems regularly, in various differing contexts, with a group of individuals who 'just keep coming back'.

The officers interviewed all outlined these features. The persistent presence of a core group of mentally ill people within the police environment had consequences for their actions towards the mentally ill and the perception of them as a specific group.

Recognition of mental illness had associated characteristics and assumptions which the police utilised in their every day encounters.

To distinguish between types of call, the police often developed their own classification system. This outlined the types of calls, incidents and responses to a variety of situations. This system of differentiating their involvement was a useful mechanism in which to place the role and response of the police in their dealings with the mentally ill. In this particular study, the emphasis appeared to be on the order maintenance or peacekeeping role with an additional focus on citizen evoked police involvement.

4.5 The Reactive Nature of Police Involvement

Officers in both stations tended to agree that they often were called to incidents involving the mentally ill, rather than adopting a proactive approach. They recognised that with the all-encompassing feature of the role they could be called for any situation; such is the nature of being a police officer. In these situations, the police initially relied on an outsider interpretation of the event. This police involvement was confirmed by the frequent demand for police assistance as a result of citizen interpretation and decision-making.

Officers had little control over the type of incidents they attended. They believed they were the first response for many, rather than being seen as an agency of last resort. Officers felt that people tended to call them for a variety of reasons, including trivial non-policing issues. A frequent utterance when discussing the nature of police work was the declaration that ‘when something goes wrong, the police are called’.

Within the area of the police and the mentally ill, this feature was clearly evident to officers. As one officer stated,

“We get called when people don’t know what to do, any time – neighbours and relatives don’t know what to do with the mentally ill. We’re supposed to know.”

[Police Sergeant, Station B]

The most common request for police assistance resulted from relatives or neighbours of the mentally ill. The police felt that these individuals turn to them as an agency when they perceived the mentally ill as reaching a ‘crisis point’. The timing of these encounters and demands reflected the unique position of the police in their twenty-four hour capacity. As several officers noted, the frequency of contact often occurred in the

evenings and at weekends, after the services normally associated with the mentally ill had closed.

The use of the police as a twenty-four hour service for numerous dilemmas was evident to officers. This included their inability to refuse help. This had clear implications for the police in this study. It was the authority and capability of the police that resulted in officers assuming an all-encompassing social and legal role. The police in this study confirmed these observations. They accepted that this situation will continue, as

“ We shouldn’t be involved but we have no choice, we’re got a duty to protect, but is a police officer the right person to sit with the mentally ill for 6 hours. There are other people who need police help.”

[Police Sergeant, Station B]

This highlights not only the dilemma of becoming involved in a social problem, but the practicalities for the police officer in the demand for action. As part of their role as social agents, expectations of action remained paramount, regardless of the time taken.

Judging the crisis level of individuals and situations was a difficult aspect of police work. It had its basis in the subjective awareness and judgements of individual officers. The Detective Constable interviewed, who had regular contact with the mentally ill in his previous role as a custody sergeant, stated his belief that the mentally ill were not necessarily at a crisis level when in contact with the police. He preferred to see them as distressed, often acting in a disturbed manner as a cry for help. The role of the officer in this situation was stated in the following manner,

“ You have to figure out where they’re coming from, put yourself in their place. Some officers haven’t so much patience as others, they escalate things. You have to try and understand them.”

[Detective Constable, Station A]

The holistic approach advocated, however, often proved time consuming. It was seen as a luxury when faced with the demands of the immediate situation.

On the official action and options available within these encounters, officers noted that they rarely were involved in sections, and particularly section 136. As one officer reflected, he had no personal experience of sectioning any individual, or in his words 'I've never had one that's been sectioned' [Police Constable, Station B]. He believed that this was due to the reluctance of doctors to section, predominantly due to a lack of resources. There was a shortage of beds for acute emergency admission within the local area, with the local accident and emergency hospital being used by the police as a facility to place the mentally ill. This facility was not secure, with the result being that officers had to stay with the individual until the situation had been resolved. There had been a local psychiatric unit where officers could take the mentally ill. This unit, however, had closed. It would appear that this local situation influenced the use of sections.

In conjunction with the views of other officers, it can be seen that sectioning individuals via the mental health legislation was an infrequent, if not rare, occurrence. Additionally, officers noted the rarity in which formal means of detaining and dealing with the mentally ill was activated. Why this happens may have been the result of a variety of factors, including bureaucracy and the time consuming nature of formal encounters, features which will be addressed later.

Overall, officers saw that the context in which they operated involved incidents that were primarily 'citizen evoked'. These involved a variety of contextual and situational factors. There was also a requirement for a variety of responses. The citizen evoked requests meet with a different response. This was particularly evident when compared

with those instigated by the police themselves. The police recognised that they had no choice in entering encounters with the mentally ill.

4.6 Violence within the Context of Unpredictability

Whilst officers recognised the difficulties and vulnerability of the mentally ill, they were also aware of the issue of violent behaviour. Throughout the interviews in both stations, officers referred to any contact with the mentally ill as being surrounded by assumptions of violence. It was natural for the officers assessing these areas to place violence and danger as central features of their work. This notion of danger remains a central aspect of the police role that it forms both an overt and covert cognitive framework in which to judge social interactions. In association with criminality, past violence and assumed further violence were key factors in determining action by the police.

The nature of violence and unpredictability in police encounters carried certain connotations when linked to the issue of mental illness. Violence was cited by the officers interviewed as a feature of their involvement with the mentally ill. Violent incidents were seen as typical.

“Violence is involved in a lot of cases- you don’t know what you’re facing.”

[Police Constable, Station B]

“What we think of first is our own safety – violent incidents are typical – they [the mentally ill] are very unpredictable.”

[Police Constable, Station B]

“We go round in circles – they are barking mad but they’re aggressive – do we say they are mentally ill or not?”

[Police Constable, Station B]

These comments confirmed the police belief that their work typically escalates into violent situations. Inherent was the additional belief that police work per se was a

dangerous occupation, with violence a common feature. The commonality of violence as a distinguishing mark of police work was confirmed by the police officer's awareness of the potential for violence. This was linked to the police consciousness of the dangers of their 'beat' or area. For those who transcend the 'normal' range of police suspects and clients, additional emphasis was placed on their behaviour and the possibility of violence. Naturally incorporated within this particular classification were the mentally ill.

Of the mentally ill identified by the officers in Station B, one individual was known to be violent. This statement by one group of officers appeared to contradict the earlier assertion of the commonality of violence. The impact of these experiences for officers meant that the generalisation and incorporation of violence was a central feature in their understanding of the mentally ill. The predominance of stereotypical assumptions of mental illness and the unpredictable aspects of their behaviour translated, for police officers, into a preoccupation with the potential for violence.

Additional components for officers also included a duality of beliefs around the existence of actual violence and the feeling of its potentiality. For the officers in this study, the predominant concerns were factors such as the 'unknown'. This was seen as an unmanageable aspect of their involvement with the mentally ill. Its appropriateness as a description of the mentally ill for the officers was apparent when establishing their picture of the mentally ill. There was a need for the police to use this image when assessing and determining action. The result was a picture of the 'symbolic mentally ill'. This was a general description, which included the physical signs of mental illness and the collective beliefs of the officers interviewed. Central to this was the belief that the mentally ill had the ability to inflict violence and pose a threat.

The police learnt to distinguish who had the possibility to inflict disorder and violence through a process of cues, both verbal and non-verbal. Involved in this process was an awareness of the occurrence of 'out of the ordinary' encounters and 'odd' behaviours. In essence, it was those situations that signified unpredictability, in behaviour and in outcome. As one officer argued,

"There's potential for things to happen – it is a cause for concern. There is no system for assessment, it's the police who have to deal with criminality or mental illness and we need to intervene before something happens."

[Police Constable, Station B]

Enshrined in the working persona of the police officer was the need for predictable behaviour and outcome. The preference for predictability in the daily experience of the officer was another important feature highlighted. This idea of predictable situations and behaviour provided them with a guide. It enabled officers to identify methods of management. The need for predictability was extended to include the types and characteristics of those they encounter.

Equally relevant was the police role in potential situations,

"The mentally ill are unpredictable – we are there just in case. The diagnosis doesn't help – they're not sane, but we have to deal with the situation. You try and understand their mental illness, but they can inflict damage and violence."

[Police Sergeant, Station B]

The unpredictability of the behaviour as indicated by the police definition of mental illness and their experience of involvement with this group were prime considerations for all police officers. One example was given to highlight the reasons for establishing the link between violence and mental illness.

“One man – a 21 year old – had a history of violence. It once took eight officers to look after him. He had absconded from the local hostel after he had broken another patient’s arm. He was basically scared. We had to talk to him for about one and half hours to calm the situation down by talking and understanding. They [mentally ill] are often distressed, and not necessarily at a crisis point.”

[Police Constable, Station B]

This case also highlights the dilemma often faced by the police. While this individual was violent, he was also seen as vulnerable and distressed by the officers, who subsequently identified and used their skills to manage the situation without the use of force.

Whilst the risk of violence needs to be acknowledged, other influences are relevant and require examination. They involve individual perceptions and the impression of others towards the police role. The dilemmas for officers included the dichotomy evident when introducing notions of care, control or management in the interactions between the police and the mentally ill. Role ambiguity, therefore, became evident. This role confusion translated into many factors for the police officers, but notably it appears to them that

“ We don’t know what to do for the best – the mentally ill are vulnerable and they need help. It’s easy to take them to hospital, but the problem is what happens after. We end up with them back.”

[Police Constable, Station B]

We have to ask what do we expect the police to do in light of their concerns for the potential of violence and their knowledge of the criminal justice and mental health systems. Their roles and their tasks often became confusing.

One officer encapsulated this fear or wariness of mental illness when he stated that,

“ I wouldn’t like to work on a psychiatric ward. It was an eye opener. I’m more protected on the street than on a psychiatric ward.”

[Police Constable, Station B]

It was important to consider when understanding these police beliefs the possibility of the police being called and present for the very reason they cite as a major concern; they were likely to be involved when an individual or professional held the view that violence would result. This argument meant that the chances of officers encountering violence were inevitable.

There was an element of discrimination by some of the officers in their categorisation of the mentally ill. There was an important distinction between those the police knew and those where little information was obtained. Besides distinguishing between the eccentrics, the violent and the more quiet individuals, the police acknowledged their treatment of these groups differed according to how well they knew the individual. The more they encountered them, the more informal the police response would be.

However, the police continued to see the mentally ill within two extremes; those who were meek and quiet and those that had a reputation for violence.

Yet, while they might view the local characters as eccentrics and harmless, the officers were aware of the potential for violence. It was the unpredictability of this group that has to be placed in the context of police involvement. This was a group that officers in Station B felt had the potential to be violent. One case given as justification for this view concerned an individual who was displaying a knife and gun, which resulted in the armed response unit of the force being called. They later found that the items were plastic. The association of violence and mental illness meant that the police entered

such encounters with caution. They anticipated that the usual signals that they perceive as indicators for trouble were not apparent in people with mental illness.

However, the more knowledge they developed concerning individuals, the more likely they were to treat them informally. One police constable [Station B] went further and stated that for those individuals he had knowledge of, and previous encounters with, he was aware of the course of action to take. For him the dilemmas arose with those he did not know. The amplification process of initial encounters diminished with more police involvement. Included within this analysis by officers was the establishment of predictability. This led to a lessening of the sanctions imposed, in terms of formality and severity. Officers stated that it also diminished the use of alternative actions, which included the use of force.

The police talk of these individuals known to officers contained a mixture of humour, concern, frustration and some intolerance. The familiarity of some and the unfamiliarity of certain aspects of the group altered the methods employed to manage the situation. The officers worked within their own definition of what constituted mental illness, making assumptions regarding the frequency and type of events. In the initial police awareness of mental illness, the police were at the beginning a course of events and actions that presented officers not only with administrative problems, but also social dilemmas.

4. 7 The ‘ Immediate Situation’ and the Safety of Self

The police assessment of violence and risk and their knowledge of certain individuals all contribute to the decision making process of officers. The police belief in dangerousness and violence translated further into an awareness of the importance of maintaining their safety in any encounter. The rationale for such procedure recognised

the police belief in the unpredictability of situations. It can be conceptualised within the following statement, 'we don't know what we are walking into' [Police Constable, Station B]. Assessing the situation was considered a key factor. This was primarily due to the constant and realistic belief that they were 'going in cold'.

Surrounding this premise was a combination of practical factors and considerations.

This involved

- the amount of information received
- the police knowledge and familiarity of the individual
- the social composition of the situational.

It was the 'immediate situation' that officers had to deal with. This involved an understanding of the potential risks.

This issue was a constant feature throughout this research and one that highlights the police reaction to the mentally ill and the social context of the situation. The basic principles of policing were highlighted within this discussion of priorities. The officers in both stations maintained that the protection of life and property were core to the definition of the police role and function. As with other situations the police faced, their safety was considered paramount. As they noted, how can the public be helped when the officer her/himself is in danger.

All of the officers recognised that each incident had to be assessed on an individual basis. Additionally,

"Our assessment of a situation is based purely on what we see or what we believed happened. We tend to know people but not the background. We need the background to know what we are dealing with."

[Police Constable, Station B]

When faced with competing influences and factors, the officer had to assess which of these demands took precedence. In this sense they considered that they were containing the encounter within an present timeframe. This was in order to continue to assess the possible alternative scenarios that may develop.

While core areas were highlighted and themes generalised, officers expressed an overt understanding of the individuality of cases. Decisions were made in specific areas. These included the judgements around cases and the police assumption of seriousness, methods of managing an incident and its relationship to other cases faced by officers. Within this process was the insistence of the possible role of the first case as a precursor for future action.

The police decision-making process in assessing situations involved not only the issue of violence and risk, but also the anticipated outcome of the encounter. The practical expectation of how the police resolved the situation involved knowledge of the possible alternatives available. The type and amount of services available to manage and treat a particular group impacted on the decisions of the officers and the action taken. The social dynamics of the police with the medical and social care sector additionally influenced their consideration of priorities and behaviours.

“We deal with other agencies’ need for assessments. It isn’t the police job to assess for mental illness. But then no attention is paid to our assessment. Psychiatrists don’t listen.”

[Police Constable, Station B]

What the police encountered was a demand for their presence in the face of conflicting organisational and agency needs. In their overall assessment of the situation and the resulting decisions concerning action, there was a requirement that judgements were made upon the resources available and the likelihood of accessing these resources.

These issues regarding the context of police operations will be discussed later.

However, it is sufficient to state that in the immediate situational assessment, the variety of factors to consider in a given incident incorporate the wider question of the final destination of the individual.

Generally, the officers interviewed all recognised the need to establish the parameter of their safety prior to commencing the interactive process. They also acknowledged the need to follow some form of guidelines. Often these were informal in nature. This system and style of working incorporated individual and group methods of dealing with the mentally ill. Such a process involved not only developing certain techniques for management, but also a reliance on established police practice. This included a controversial feature, notably the use of force.

4.8 The Use of Force and the Mentally Ill

The police concept of force, as highlighted by Hunt [1985], involved a process of allocating notions of 'normality' to police practice in their every day encounters. The definition of force implied a coercive and physical restriction. The aims of force include the containment and management of a difficult situation. Normal force was indicated within a continuum of definitions, including legality. The centrality of force, actual and as a symbolic tool, for the police role and authority influenced their behaviour and actions towards individuals. The officers in Station B felt that the ability to use force provided them with a 'mental back up' when entering situations.

The power and authority of the police in their use of force posed many questions. However, one has to remember the police definitions of force and the possibility of differences in emphasis when compared with concepts outside of the police. These were arbitrary terms and open to subjective interpretation, dependent on officers'

individual perceptions and the police services' collective mentality. The officers who formed the basis for this research demonstrated their own understanding of the issue of force.

The situational element involved in the use of force was recognisable within the context of police encounters generally and their interaction with the mentally ill specifically. Primarily, it was the need for force that arose out of the demands for control of a situation. Officers seen the use of force as a measure to re-instigate order and ultimately control. As with many powers of the police, the interpretation required meant that it was individual officers who determined the meaning of force, its appropriateness and its application. There were difficulties and potential conflicts for officers when deciding upon and using force.

The added dilemmas for this group of officers when dealing with the mentally ill were seen as the following:

- the collective assumption of the vulnerability of this group
- the presence of outsiders who may condemn the police for their management methods
- the public image of the police in these situations.

For the police officers themselves, the demand for the immediate containment of potentially violent individuals can limit the options available to them. The consideration of force became a significant priority.

The issue and determination of force was raised by several officers in these interviews. It centred mainly on the assessment of force and its appropriate use. It was considered a factor to assess alongside the maintenance of safe parameters. For these officers, force took on numerous guises. However, one option became a focus for examination.

As a feature of modern policing, the use of CS gas was seen as an effective tool of police practice. The extension of this to include its use on the mentally ill was recognised as a viable possibility by officers in this research. They saw CS gas generally as a welcome addition to their methods of managing potentially difficult circumstances.

Two groups of officers in Station B made specific reference to the use of CS gas on the mentally ill. When discussing its use on this particular group of individuals, officers acknowledged its usage, especially in incidents involving violent mentally ill individuals. The distinction between the different types of mentally ill individuals was placed within the police equation in determining the use of CS gas. While some required assistance through conversation and de-escalation, the police felt that others' behaviour, actual or perceived, sanctioned the use of force.

The apparent proactive use of force, rather than its use as a defensive tool, signalled a departure in policing methods generally [Corry, 1999]. With specific reference to the mentally ill, it suggested a differing meaning attached to these encounters. This placed emphasis on control in the likelihood of violence or risk to self. In the police meanings associated with mental illness, officers were developing methods to establish control, prior to further management decisions. The use of force was seen as a primary step in the officers' individual organization of the situation. However, one needs to question how this use of force influenced the interaction process of the encounter and the possible outcomes of the situation.

To officers the potential use of force represented an additional method of dealing with the mentally ill. They argued that it allowed them to take control of the situation and

consequently assess the next stage of the encounter. The foreseen violence, real or anticipated, was dealt with by this method. However, such action carries implications.

One dilemma for the police concerned the legal implications of its use. The officers argued that difficulties would occur if CS gas was used on a mentally ill person and they were not subsequently arrested. The physiological consequences of CS gas on the mentally ill and the interaction with medication were not predominant issues for the police officers. For these officers, the situation and the risk of violence meant that such issues were not addressed. However, the medical consequences of the use of CS gas may not have been known to officers at the time of interview.

The appropriateness of this action has been questioned nationally since these interviews [Kliman, 1998]. The outcome of this recognition was the call for a set of guidelines for officers in the operation of the technique. However, the Home Office perceived the issue to be primarily one concerning operational matters and one predominantly centred on self-defence. The additional issue of the effect of CS gas on those taking medication has resulted in questions over its appropriateness and the potential risk to the mentally ill [Police Review, July 1999].

The use of force on the mentally ill was an area of both concern and debate, legally and morally. The extent and application of force by the police, and their use of CS gas, altered the contextual factors within their involvement with the mentally ill. The association of mental illness, risk and violence may be too strong that the interpretation placed by officers on the encounter provided them with justification for its use.

However, one should note that reference to its use was specifically made by two groups of officers only, and while it may be seen as an established practice, others may seek out initial alternatives to the use of force.

4.8 The Welfare Role of the Police

It was evident that the police had to deal with both aspects of care and control when dealing the mentally ill in the community. Throughout the interviews the police expressed concern regarding not only the vulnerability of the mentally ill, but also the inadequacies of the system. While the issue of risk has increased the necessity of the police to take into account such factors as the possibility of violence, the officers also had to deal with individuals who were distressed and unwell. For the police this conflict produced a variety of dilemmas.

“At times, you end up acting like an advocate – looking after their interests. But that isn’t our role.”

[Police Constable, Station B]

Officers perceived some individuals as frequently in need of assistance. One officer highlighted one specific case. This highlighted, for him, typical situations facing officers.

“One lad who self harms and has a history of mental illness often calls the police, but its often attention seeking. These people have slipped through the net.”

[Detective Constable, Station A]

Common to the criticisms of the mental health system, officers also questioned the existence of community. Demonstrating sympathy for the plight of the mentally ill individual, they commented on the vulnerability of the group and the lack of understanding of mental illness within the community itself. The police continued to occupy a difficult role in their role of ensuring welfare for the mentally ill.

Officers were aware of an increase in the numbers of mentally ill in the community. They considered this to be the result of community care policy. Others, however, were more ambivalent as to the increase in numbers. This may have been the result of the informality of the process and the lack of statistical evidence. Explanations as to

why there was perceived increase often lead to the conclusion that there was a correlation between police involvement and deinstitutionalisation. This was also seen as the consequence of a corresponding lack of community resources.

The notion of community care was treated with both dissatisfaction and disbelief. Comments ranged from questioning the existence of any sense of community to the change in society that has resulted in a loss of a 'personal sense of identity'. Overall, the situation of the mentally ill in the community was seen as one of deprivation.

"The mentally ill shouldn't be put into places like this. The community is a jungle. There's no such thing as community."

[Police Sergeant, Station B]

"The community is picking on the mentally ill. It isn't fair to the mentally ill, they can't look after themselves, they are very vulnerable, and are persecuted by the youths. They give trust too easily, like the elderly "

[Police Constable, Station B]

"The problem is the poor placement of the mentally ill. They are persecuted. The better areas don't want them. People don't care and don't want the mentally ill in the community. Where do you put them?"

[Police Constable, Station B]

The officers seen the mentally ill as being 'targeted' by the community. They commented that the mentally ill were often placed in the most deprived areas. They were predominantly seen as the victims of crime themselves, rather than the perpetrators. The vulnerability of the group meant that officers questioned the problems facing the individuals, arguing that the mentally ill should not have to face these situations in the first instance. This included living in a community that does not want them. From this perspective, the main problem for the officers involved managing

the mentally ill within a climate of risk, whilst also seeing them as a disadvantaged group.

The social problems of mental illness, and its association with violence and unpredictability, present a confused and complex problem to officers. Their awareness of the social context of such encounters presents officers with a dichotomy of responses, criminality versus sympathy.

It is the management of the situation and the difficulties for both themselves as police officers and the mentally ill individual which concerns officers. The causation notion that community care was primarily responsible for these predicaments provided officers with a theory as to the possible need for their involvement with the mentally ill. It offered a cause and effect explanation, when in fact many situations and circumstances were often far more complex and multi layered.

4.9 Conclusion

There are several issues relevant for the police in their contact with the mentally ill. Officers rely on their own methods to detect and assess mental illness. They cannot refuse to help individuals. They also have to deal with a variety of professionals and 'outsiders', whilst maintaining the police image. A major area for the police, however, was managing the conflict that arises when confronted with risk and vulnerability. The police have to operate within a climate of fear towards mental illness. They also have limited options available for dealing with the situation.

The methods of management, discussed in the next chapter, offered a variety of strategies for the police. These can be seen as predominantly informal. These police

techniques provided the officers with a way of managing the complexities and difficulties evident when encountering the mentally ill.

Chapter Five: Findings - The Informal Management of the Mentally Ill

5.1 Introduction

At the start of this thesis a question was raised concerning the influence of the current mental health policy on police contact with the mentally ill. While figures are hard to ascertain, what appeared evident was an increased awareness of the mentally ill in the community. The next issues posed for the police were how they approached and managed this group.

The police considered various approaches and styles when they became involved with the mentally ill. These were considered alongside an acknowledgement of the problems of managing both care and control. What characterised the approach of the police was the more informal management of the mentally ill within their communities. This involved the use of established police practices, existing sanctions and measures and effective interpersonal skills. While there were similarities in the approach taken, one exception concerned the experiences of the community beat officer in station A.

5.2 The Exception to the Rule - The Experiences of the Community Beat Officer

The reactive nature of policing and the diversity of situations encountered was a point that occurred throughout the groups of officers interviewed, but with one exception. The role of the Community Beat Officer highlighted a more proactive style of policing. This approach had implications regarding the move towards community partnerships and the shift in the philosophical underpinning of policing within his local force.

The community beat officer had been in post for three and a half years, after gaining over twenty years as an officer elsewhere in the force. This officer saw the context of his work as being focused more on the dilemmas experienced by the community. These mainly

related to the concerns of the local residents to criminal matters. This was the starting point for his involvement in the local community.

The central role of the Community Beat Officer has been highlighted by Mastrofski et al [1995] and Vinzant and Crothers [1994]. There appears to be a reliance on the discretion of the officer. This approach also recognises the potential for the officer to direct and inform the community of solutions to identified problems. Negotiation, consideration and consultation replace the emphasis on immediate police action.

The background to the notion of community policing emphasised, in turn, the potential for a deviation in the type of interaction and experience for the community officer in their encounters with the mentally ill. The different emphasis in the work of the community beat sergeant involved integration with the community, attending local meetings and being the focal point for concerns. This further translated into defining mental health problems within this remit. He saw this issue as one of the various dilemmas evident within the community. For this officer, the presence of mentally ill individuals was not a predominant concern. He felt that this was due to the specific nature and feature of his role. The officer argued that

“ People are not necessarily at crisis point, some have nervous breakdowns but how do you cope with that – I can’t really get involved”

[Community Beat Sergeant, Station A]

The community beat sergeant recognised that there were limitations to the help he could provide. He tended to respond to particular problems identified by the community, rather than deal on a day-to-day basis with the unpredictability of police work. The most likely way to become involved with the mentally ill would be if the community identified a specific problem and defined the individual as mentally ill. One example was cited by the

officer of a woman who was experiencing apparent mental health problems, culminating in her refusal to let anyone enter her house. In this particular case, the course of action taken by the police, in the guise of the community beat officer, was seen as a proactive approach. The officer contacted other agencies, including social services and local doctors, in addition to family members. Here, the community beat sergeant made the referrals and resolved the situation. His direct involvement with the mentally ill was, therefore, in response to the demands of the community. He argued that this took both time and a thorough knowledge of the local community.

The officer cited the advantages of this type of policing. These included a thorough knowledge of the area and its residents and the time and ability to build up a picture of the situation. He did not see the various factors in isolation. For those officers who predominantly work 'on the beat', they did not have the luxury of developing a system whereby often time consuming solutions can be sought. It was apparent that they dealt with situations as they arose, drawing on learned skills through experience, a common feature of police work. They, therefore, had to rely on other factors and other roles in their involvement with the mentally ill.

For the community beat officer, the existence of the mentally ill in the community was one of a series of dilemmas and problems, and one where he utilised his knowledge of the area and the residents to deal with the situation.

5.3 The Use of the Police Methods of Judgement

The experience of police officers helps to develop their skills. Through this experience they develop a form of routine. This involves knowing what they need to do once attending an incident. The police skills identified included the ability to respond quickly, to assess the situation effectively and to act accordingly.

This process was a common features of police work in relation to the majority of groups the police encountered. For their involvement with the mentally ill, officers felt that the usual rules that helped them decide on what action to take were not necessarily obvious. Additional cues and factors had to be considered. The police relied on external features to seek confirmation of the mental state of the individual. This in turn influenced the decision making process they then employed.

The usual police training provided officers with a basis for assessing the ‘defensive signs of attack’ and the likely triggers for violence [Police Sergeant, Station B]. Officers felt that the mentally ill ‘jump’ this process, thereby obscuring any assessment of the situation. As a consequence, the police believed that they needed to be aware of the ‘strength’ of the mentally ill. By this term officers equated the ‘strength’ of the mentally ill to their physical power. Officers also linked this their experience of the unpredictability of the mentally ill.

The frequent reference to this unpredictability influenced the police understanding of mental illness. Understanding the full extent and type of mental illness experienced by the individual, while seen as beneficial for the police, were not the factors that were used. Officers had an awareness of the ‘out of the ordinary’ event. What they then relied on were two factors identified as core policing skills: common sense and intuition.

5.4 The Issues of Common Sense and Intuition

It appeared that in understanding the mental state of an individual the police combined numerous aspects:

- their own experience of police-public relationships
- their awareness of the dynamics of a situation
- the construction of assumptions and assessments.

When describing their method and approach in assessing mental illness, officers placed their reaction within a context of common sense and intuition.

It was a frequent comment from the officers in station A that they could judge if someone was mentally ill by instinct or through common sense. The issue of common sense featured in their subsequent approach to situations. Officers argued that the process of police work enabled them to determine circumstances quickly and to assess when something was not quite right. For one officer, situations were placed in context by using an internalised scale to determine what was occurring, whilst also considering the grounds for possible arrest [Custody Sergeant, Station A]. He argued that events could be determined on a scale of one to five. These provided him with a quick and effective way of judging situations. Within this, he compared other criminal incidents with the behaviour of the mentally ill. He argued that the mentally ill behaved due to their illness, rather than any criminal intent.

The skills and requirements of the police in their every day encounters were various and often included contradictory elements, recognising the conflict between care and control. In referring to their method of policing as the use of common sense, they identified a wide range of possible styles and approaches. The use of common sense arose in the majority of situations faced by the officers. The officers could not determine what they faced; the availability of common sense and intuition as a basis for judgement became useful. It provided the foundation for action, as the first step in the decision making process,

“ We’re got a common sense approach – we get no training in mental illness.”

[Police Constable, Station B]

“ You learn on the job- I picked things up as I go through. I see police work as doing the shift and surviving, then going home”

[Custody Sergeant, Station A]

“ You’re got to think on your feet. Training in mental illness?– next time we’re called to an incident - you learn on the job”

[Police Constable, Station B,]

Officers saw this reliance on common sense as enabling them to assess situations and make decisions quickly. This also illustrated the importance of ‘surviving’ the job and using the skills developed to aid this process [Detective Constable, Station A]. This was connected to the notion of learning through experience, the ability to judge the aims of the encounter and to examine a variety of solutions.

When assessing the presence of mental illness and judging the behaviour of the individual, the officers faced potential difficulties in making sense of the situation. As some officers pointed out, a contradiction for them was the extent that mental illness contributed to the actions of the individual. This was particularly evident when the individual was breaking the law. If they were violent and mentally ill, the officers tended to see their mental illness as causing this behaviour. These mentally ill individuals, therefore, were viewed differently. They were not classified the same as those who committed criminal acts and, therefore, were not categorised as criminal. Rather, officers adopted a different labelling approach, stigmatising their perceived strange behaviour as mad rather than bad. The aim for officers was to place them within the remit of another social system [i.e. within the realms of mental health care]. The police intuition informed them that the place for the mentally ill was not in the criminal justice system.

The use of common sense and the police skill of intuition was summarised as a heightened awareness of events and situations. This was evident not only in terms of

their immediate response, but also in the subsequent methods used, particularly with regard to those unknown to the police. Officers confirmed the earlier finding of their different treatment of those already known to officers, providing previous reference to the individual's behaviour and the previous police response. The notion of familiarity was relevant when encountering a recurring situation.

5.5 The Police as Professional Persuaders

There were a variety of approaches available to the police. One that became useful for these officers was their role as 'professional persuaders'. There was one aspect that the police identified that was effective in the management of the mentally,

“We get called upon to persuade people to go back to hospital – if someone else did this job, they would detain them.”

[Custody Sergeant, Station B]

The officers saw the main use of this approach as two fold; first dealing with those who have absconded and the immediate situation that was created. Secondly, it was used as their overall approach to the mentally ill, persuading them to comply through the use of informal rather than formal measures. In the specific area of the absconded patient/resident, officers identified several key factors.

While some officers saw this as a relatively simple procedure of returning the individual to the hospital/hostel, another group elaborated on this particular approach. As they commented, the police were often required to advise and influence the individual in deciding to return to hospital. The officers perceived this as a recurring and frequent problem, with the wider issue being that while they assisted in 'putting people away', they later found that they had returned to the community.

The use of their skills as 'professional persuaders' recognised the fact that the police often faced the same situation time after time. They, therefore, developed techniques in managing and resolving the situation. For these officers, this repetition was a frustrating element of their work. They argued that they were dealing predominantly with short-term solutions to often long term problems.

The benefits of 'persuading' people to comply, rather than enacting formal measures, were numerous for the police. They viewed this in terms of both bureaucracy and outcomes associated with dealing with the mentally ill. In adopting an approach of non-coercive compliance, they aimed to resolve the situation with the minimum disruption. By enacting the role of 'professional persuaders', the officers saw that they were limiting the workload faced in situations of non compliance and the subsequent dangers they envisaged as a result of the use of coercion.

5.6 'Others Around' - The Observational Effect

The social composition of the police encounter with the mentally ill did not necessarily encompass only officers and the mentally ill themselves. Often the presence of others impacted on how the police interacted and were perceived. The officers demonstrated an awareness of their presence upon the mentally ill. However, outsider involvement within the social process, even limited to a form of observation, effected the police decision-making procedure. Themes that emerged cover the variety of incidents the police experienced; in the hospital, at the scene of an incident, and at the police station. Initially, it was the reaction displayed by the mentally ill upon the arrival of the police that they highlighted.

Officers recognised their impact on the mentally ill. Two distinctions emerged, those who appeared to welcome the police, and situations where the attendance of officers

escalated the situation. Several officers noted how in certain incidences they had the potential to make matters worse. An officer in station A similarly saw that their presence could increase the tendency of a violent confrontation. Conversely, other officers recognised the positive reaction often displayed, especially by relatives, to their presence. They describe their arrival as providing the observers with a sense of relief, as they 'know the police will do something'.

Officers also recognised that at times both types of situations exist; the presence of the police uniform as a signal of action in the form of help and the possibility of a adverse reaction on the part of the mentally ill to the same police uniform. The police uniform was the most visible component that suggested a role designation, with certain assumptions being made by outsiders as to the characteristics of the incumbent. The social significance of the uniform, in conveying a message and intention, effected both the observer and the wearer of the uniform. Primarily, it communicated a sense of legitimacy and an expectation that the wearer of the uniform would not only manage the situation in hand, but also do so in a manner that encompasses the principles of the organisation represented. For the officers this involved the ability to use both coercive and non threatening methods of containment.

The officers felt that the situation was complicated by the understanding of the mentally ill of the significance and the meaning of the uniform and the presence of the police. Equally relevant in such cases was the police understanding of the ability of the mentally ill to comprehend the situation and the consequences of actions. This additionally applied to the understanding of outsiders to the police involvement with the mentally ill and the appropriateness of such encounters.

The adverse reaction to their presence and their authority involved a particular expectation and reaction from the police officers involved. The chances of the mentally ill going 'ballistic' or 'mad' resulted in officers having to deal with people and the situation cautiously. The officers were concerned of entering situations 'cold' and not knowing what to expect. Not knowing the initial reaction or the likely responses presented difficulties in determining the manner and subsequent stance to take.

The impact of the police on others within the encounter mirrored similar aspects of the initial reaction of the mentally ill themselves. Officers from both stations generally expressed an opinion on the impact of their involvement with the mentally ill and their 'image' as police officers and law enforcers. The key factors in their description of the external features of their interaction with the mentally ill can be distinguished as follows.

The first feature highlighted by the police was that when called to an incident, those people observing the event appeared to be surprised by the presence of the police. The officers noted that it was their involvement with the mentally ill which surprised the observers. As a consequence of this, their presence was then questioned, which officers maintained then had an impact on the police image. This subsequently curtailed the officers in any action considered, such as the use of force.

Additionally, officers described the potential for seeing their practice and actions as an example of police brutality. These concerns of officers included being aware of the opinion of the outsider and observer to police behaviour in a hospital department. This was particularly if they were restraining individuals. They asked,

"How does it look in casualty when two officers are struggling with a patient."

[Police Constable, Station B]

The officers acknowledged the discomfort felt generally in this type of action. The issues highlighted included the possible perception of outsiders to this behaviour, especially when surrounded by individuals experiencing different and mainly physical ailments. The problem for the police was two fold; the manifestation and maintenance of an outward display of control and the management of a mentally ill individual in a socio-medical care setting. The issue of image and the picture of police behaviour to outsiders had further repercussions in different settings.

Surrounding this context, with its various meanings, influences and behaviours was a preoccupation with maintaining a positive police image. Whether in the community or at the police station, officers noted the need to be conscious of the perception of others and the interpretation placed upon police behaviour. The police felt that certain expectations existed. These included that the belief that officers would not only deal with the situation via action, as opposed to non-action, but that this action was beyond criticism [Detective Constable, Station A]. This officer argued that their approach and manner had to be the same for all individuals. This included the demonstration of respect, regardless of their opinion of those they were dealing with. Ultimately, officers were aware that “you have to treat everyone with the same level of respect” [Police Constable, Station B,].

The apparent contradictory nature of police action in treating individuals the same, while assessing situations individually was translated into the skill base of officers themselves. Officers interviewed reiterated their approach towards the mentally ill and the predominance of common sense as a useful tool. Bayley and Bittner [1984] noted the notion of ‘presence’ as a feature of policing which incorporated not only the skills and schemas involved in being a police officer, but also the outward appearance of authority.

These notions can be linked to the demonstration of respect towards the public and the need for externalised calm in maintaining the situation.

A group that often played a pivotal role in the police-mentally ill encounter, if mainly on the boundaries, were the family. The family frequently and coincidentally initiated police contact in the first instance. When examining the interaction and the influence of the family in such surroundings, the officers felt that the family generally took a 'narrower' perspective when compared with the police. They assimilated information in the present and questioned the police decisions and action. The officers, however, believed that they had to take a wider view of the situation, incorporating their information and understanding from past experience.

The distinction between the view of the police and those of the observers, including the relatives, was an influential factor in the immediate interactive situation. Equally relevant was the distinction between those the police engage with generally, in terms of class and status. Officers distinguished between certain sections of society and their response to the police. This, in turn, effected the police response to particular groups. These officers noted that the most of the local community were familiar with the police. They were aware of the police presence, and as one officer commented,

“The barriers have been broken down. ...the area is well policed, they know us, but in the suburb areas they are not use to us, they treat us differently”.

[Police Constable, Station B]

Equally, the police in making this distinction, stated that they reacted in a different manner, when compared with the encounters in their more familiar area of practice.

Officers felt not only restricted or effected by those observing the social encounter, but also those supervising, albeit from a distance, their practice. An additional expectation

that impacted on the behaviour of the officers was the anticipated reaction of the custody sergeant to the decision of the officer in individual situations. The officers in Station B acknowledged the possible effect of the custody sergeant on their decision to bring a mentally ill individual to the station.

Previous experience had indicated to the officers that the negativity demonstrated by the sergeant resulted in the removal of the individual from the station and the start of the usual formal procedure [involving the use of the local hospital]. This had implications for officers in terms of bureaucracy and the outcome of the incident.

“When we arrest someone, the custody sergeant tells us to take them to hospital. The doctor then says they are not mentally ill and doesn’t section. The problem for us is what to do then. Often we don’t charge as its not in the public interest and the case would be dropped by the CPS [Crown Prosecution Service].”

[Police Constable, Station B]

The role of their supervisor/superior in their interpretation of the situation restricted these officers and their ability to choose. This was in light of organisational demands and the perspective of the custody sergeant overriding the need of the officer to end the encounter.

The role of the outsider to the process involving the police and the mentally ill, whether a member of the community or police managers, played an important part in the dynamics of the social situation. When considering options and determining what choice to make, the police officers considered not only public perception of their action, but the views and opinions of their supervisor. This process, however, was complex and often involved a myriad of considerations and alternatives.

5. 6 'What to Do with the Mentally Ill' - The Final Destination?

After examining the initial reaction and the various considerations and influences that occur, the final aim for the police was the resolution of the situation and the end of the encounter. The central concern for the police was deciding an option which took the least time and presented them with the least trouble. The decision making process included numerous practical considerations, such as the powers to use that would ultimately bring the matter to an end. However, the preoccupation with reaching an outcome transcended the appropriateness of some of the decisions taken.

Encompassed within this was the use of the breach of the peace as a common legal device. It was a response to the particular circumstances within the police-mentally ill encounters.

“ We have to decide what to do –often it’s just a sideways move – we deal with people, either by getting them to calm down, then leave them or use breach of the peace, bring them to the station and then use the mental health act.”
[Police Constable, Station B]

Using a legal sanction on a social problem demonstrated the difficulties for the officers in managing the mentally ill. Officers rationalised the use of breach of the peace as one possible method of coping with the mentally ill. A reason given for its use was that it avoided the use of mental health sections. The power was a means to an end. It was seen as a way of avoiding more problematic choices, rather than as a solution to the particular situation encountered.

This reluctance to section was connected with common aspects associated with the officers' involvement with the mentally ill. These included:

- the time taken to enact a section
- the bureaucracy involved in the process
- often difficult relationships with other professionals.

All officers saw the use of hospital as a last resort. Several other stages were considered first. If the police skill as professional persuaders was not effective, the influence of relatives in the process was minimal, or ultimately, the situation was deemed serious with no viable alternative, then transportation to hospital occurred. For this to become a method of managing the mentally ill, several alternatives had to be dismissed or viewed as impractical by the police. All officers had reservations as to the use of hospitalisation. These were in terms of the likely rejection of individuals due to the lack of resources, the added dilemma of bureaucracy with the average time for officers remaining in hospital being four hours. There was also added dilemmas regarding the general expectations of the police when dealing with other professionals.

For officers, one of their main problems in the use of the hospital was the sharing of information between the police and the hospital staff and the resulting potential for conflict.

“The main problem is lack of communication. The hospital staff only see us as bringing people in and leaving them. They don’t think we can make decisions, or listen to our opinions.”

[Custody Sergeant, Station B]

This lack of multi agency co-operation frustrated the police. They felt that they were required to manage a difficult situation, only to be limited by the actions of other professionals. The limited understanding of the roles of staff involved in the mental health process compounded the situation. This was translated into unwillingness on the

part of officers to become involved in the process, with the added dilemma being the failure of other professionals to acknowledge their wider ability and role.

As a result, there was a reliance on the more informal means of management. Where possible, the use of informal measures was seen as a more effective method of dealing with the mentally ill, via the persuasion to comply or the involvement of significant others to manage the individual. Other methods took precedence, using the skills of the police to draw the situation to a close,

“You have to be as daft as them –it’s a way of claming the situation down. Acting like them is the police way of bringing people down.”

[Custody sergeant, Station A]

“With behaviour that’s not normal, we go and look, but if they’re harmless, not a danger, we just leave them”

[Police Constable, Station B]

“Often the mentally ill need someone to talk to. If I’ve got the time then I will speak to them. I fob them off, though, if there’s no time”

[Police Constable, Station A]

“It’s a sticky plaster reaction. You have to look after your back. It’s easier to do breach of the peace.”

[Police Constable, Station B]

The informal versus the formal approach to the mentally ill has been well documented [Green ,1997 and Teplin et al ,1992]. Little appears to have changed. These officers, as criminal justice agents operating in the social context of mental illness, considered non-legal issues and informal methods as key determinants for action.

In their practice, officers felt that such issues as the timing of the incident in the shift were given prominence. If at the end of a shift, the action taken will take a different form with the early and quickest intervention being pursued. An example of this action was the police role of ‘professional persuaders’, when they attempted to talk and encourage

individuals into voluntary admission. Equally, the style of policing, while within police perception of potential violence, exhibited less informal characteristics.

The manner in which the police interacted with the mentally ill was characterised by the use of humour. This was seen as a management method and as a de-escalation tool.

Again, knowledge of the individual and the situation influenced the type of action taken. Referring frequently to 'humouring the mentally ill', the officers saw this as a skill that not only calmed the individual down by acknowledging their interpretation of events and action, but also acted as a method of containment and control prior to the next stage of action.

In terms of action and the solutions available, there was little the police could do for the mentally ill,

"It can take a full shift [to deal with the mentally ill].
You feel like you're done nothing, just hanging around.
It can be stressful – someone might kick off"

[Police Constable, Station B]

"If someone is mentally ill, you have in mind that you'll
be stuck for hours 'just in case'. I wouldn't mind if I
knew that something would happen, but it doesn't. I'm
obliged to stay"

[Police Constable, Station B]

The frustration of officers was evident. They had to rely on their skills as 'jack of all trades' being partly social workers and partly law enforcers. While there was some awareness of the need for care in addition to control, the prime concern in the situation was for the officer to take charge. How this was achieved depended on the following:

- timing of the incident
- space [i.e. in the public domain with observers to the situation]
- the demands of the police organisation

- the knowledge of the officer of the community and of the individual
- the expectation of violence.

Whether it was informal or formal in terms of style, for the officers a quick solution was the main concern. They recognised their persona as a 'taxi service'. While they accepted this, it did not detract from the realisation that the actions they took often were a 'sideways move'. This involved either attempting to calm people down in order to leave the situation, or using a breach of the peace before transferring them to the station.

Overall, the solutions employed by the police were short term. This police expectation of their role centred on them as 'first aiders'. They supplied a 'sticking plaster' approach, knowing that the mentally ill would return to the community to again become involved with the police. Hence the continuous cycle for the police-mentally ill encounters. It was the combination of the police awareness of risk in their interactions generally, their need to care for the mentally ill, their expectation of unpredictability and the socio-medical framework of mental illness that brought forward the various issues for the police as social agents.

5.8 Police Dilemmas

Having recognised the transitory and repeating nature of their encounters, the officers exhibited an awareness of the dilemmas posed within these specific interactions. The strong emphasis placed on the inadequacies of the system by all officers pointed to the continued use of the police as a safety net for the mentally ill. However, further dilemmas and perceptions arose which illustrated the police concept of working with a group in need of special treatment. The implications of dealing with this group were both social and practical, suggesting various resource implications.

The perceptions of the police to their management of the mentally ill can be divided into several sections and key themes:

- The practicality of interacting with and managing this group [identifying mental illness and managing the various risks involved].
- The police as social commentators, providing insight into the causation of the situations they attend.
- Their decision making conundrum and the presence of 'first aid policing'.
- The question of the appropriateness of involvement.

These areas indicated the frustration perceived by the officers in this particular aspect of their work. The central premise behind these assumptions can be defined in one simple question, often stated by the officers themselves, 'what can they do ?'

5.9 Practical Dilemmas to Complex Problems

Policing the mentally ill appeared to involve a limited array of practical options.

Analysing the notion of discretion implied that the police had a list of possible alternatives. In reality, this list was restricted to what was practical and what was legal. In theory the diversity of police work and the availability of powers to officers suggested that options were numerous. In reality, the individual was curtailed by both the legality and appropriateness of the proposed solutions. Besides the use of breach of the peace, the officers believed that there was little formally that they could do. In terms of their discretionary power, the issue arose regarding the justification of their actions.

The complexity of the social encounter was further demonstrated by the police ability in assessing the mental state of the individual, or 'working them out'. What the police did, therefore, was to question whether they could actually state that someone was mentally ill. Some officers felt that it was appropriate to limit the use of this label on an individual.

By doing this they recognised that they were ending their involvement and delaying the entry of the individual into the system.

As stated earlier, the police adopted a general, yet seemingly useful, method of diagnosis. The consequences for the police centred on events after the assessment had been made. The limited communication between the various agencies involved compounded the situation faced by the police. As one officer commented,

“The most we can do is find some reason to take them to the station or the hospital and deal with them that way.”

[Police Constable, Station B]

The development of skills to manage the mentally ill within the community was a result of ‘doing the job’. The training available to officers was limited to introductory sessions concerning the basic characteristics of certain mental illness and the use of police powers. Similarly for officers in Station A, their training was considered basic and rudimentary. What they learnt about mental illness and the individuals in their community occurred whilst attending an incident. This incorporated their ability to ‘think on their feet’. This learning on the job was often associated with police work generally. The officers felt that it can be extended to include their interactions with the mentally ill.

5.10 The Decision Making Conundrum - The ‘First Aid’ Approach to Policing

What summarised the police decision making conundrum was the belief in a ‘Catch 22’ situation - whatever way they turned, they faced dilemmas, difficulties and the consequences of their actions. If the police did nothing, then the mentally ill ‘go on to do what they intended’. If individuals then injured themselves or others, the potential for a major incident increased. As a result, the officers faced prolonged involvement. Dealing with the ‘here and now’ and determining the actions that would result in swift

termination was a significant proportion of police work. The officers, however, did acknowledge that

“We need to find a ‘quick fix’ Often it’s not in the best interests of the individuals.”

[Police Constable, Station B].

To arrest or not to arrest was a major dilemma for the officers. The informal methods highlighted previously offered some solution. However, the initial reaction of what needed to be done, as opposed to what could be, centred on the use of existing police powers. The specific intervention for the police was one which emphasised the need for treatment, rather than the imposition of legal sanctions. To arrest then became a legal solution to a socio-medical problem.

Their actions had not only to be justified, but also accounted for. When questioned as to what they should do, several appeared reluctant to argue the case for police involvement with the mentally ill. Officers did not believe that they should assess individuals. They felt restricted by their powers, referring specifically to those incidents that took place in public. When the arena was moved to that of the private house, breach of the peace was the favoured response. However, there was a contradiction between the experiences and perceptions of officers in the various groups, with others seeing the dilemmas of dealing with the mentally ill in private as a major issue. The use [or non-use] of powers, however, brought further legal difficulties for the police. The police often found that they were ‘bending the law to get the job done’ [Police Constable, Station B].

The transitory nature of these encounters suggested that this approach was effective in dealing with often crisis situations. However, it also brought frustration. For several officers in Station A, once the situation had been dealt with, they often did not know the long term outcome, unless the individual became involved with the police again. The

limited information available to the police as to the fate of individuals was one aspect of police work that suggested that complete resolution was restricted.

To state that these dilemmas were restricted to the behaviour of the mentally ill and the police response would be to fail to recognise the need for immediate action when dealing with other groups in society [e.g., juveniles, domestic violence incidents, etc]. The issues that carry significance for their encounters with this particular group included their management of issues that outwardly required more specialised knowledge, dealing with a group of individuals who were perceived as both vulnerable and violent, and the recurring emphasis on extralegal factors. As they argued, no amount of training could assist the police in their encounters with the mentally ill,

“What would training do – the system is crap, community care doesn’t work and the hospital is overrun. Our duty should end at the hospital but there’s no secure unit, so we have to stay.”

[Police Constable, Station B]

5.11 The Suggested Solutions of the Police

The common solutions put forward reflected the similar problems experienced by the officers. The suggestions covered practical and resource issues, including more and better facilities. These proposals from officers included the introduction of early intervention measures and more secure facilities.

The central requirements for police officers in their involvement with the mentally ill can be seen as containing two policy features; the facilities for placement of the mentally ill and more sharing of information. One officer recognised the type of information needed.

“What we need is a register. There are about thirty or forty places in the community, but we don’t know who lives there. We need to know. This area is popular for learning disability and mental illness homes.”

[Police Sergeant, Station B]

These recommendations appeared to solve the dilemmas of placement and information gathering. They aimed to reduce the unpredictability in interactions and outcomes. What the police were arguing for was the establishment of a 'safety net for officers'. They went on to state that this would offer clear guidelines, limit the use of their discretionary powers and provide boundaries for police practice.

The solutions offered can be seen as being beneficial for the police working within the area of mental illness. Officers called for the following:

- the introduction of assessment centres
- a place to admit the mentally ill in order to provide them with treatment
- strategies aimed at releasing officers to fulfil their more 'law enforcing role' in the community
- the introduction of medication monitoring.

Officers perceived that these areas would influence police action. This is particularly the case regarding issue of medication compliance. Officers believed that once individuals failed to take medication, the likelihood of police contact with the mentally ill increased.

The issue of increased powers also occurred. This included the ability to commit those deemed as violent. Officers also called for a revision of the Mental Health Act. These policy suggestions have become more relevant since the introduction of the White Paper in December 2000, and its proposals for the reform of the 1983 Mental Health Act. In the meantime, what the police argued for was the effective use of existing legislation and powers.

Diversion schemes were highlighted as a possible solution to the problems faced by officers. The introduction of these schemes varied from force to force. There was also evidence that they varied within forces. For some officers, the introduction of a diversion

scheme offered a reference point for advice and information. However, for the group of officers who were involved in a local diversion scheme, the bureaucracy and procedures outlined meant that they all were reluctant to use these schemes [Station A]. For these officers, the schemes were seen in the same light as the formal measures. This questions the distinctions between the organisational response of the service and the individual actions and requirements of the officers [an outline of the force's policy is provided in chapter six].

The solutions of the police highlighted the problems of working with a system that contains expectations of resources and of management. This demonstrates the differences between the organisational demands and the practicalities for individual officers. The solutions additionally indicated the idealisation of increased resources and facilities. However, this should not detract from the features of the police involvement with the mentally ill. Regardless of resources, police-mentally ill interactions and encounters will continue to be a feature of police work. The situational characteristics of that first initial contact will remain. This is in conjunction with the desire of the police for quick and effective outcomes.

5.12 Conclusion

The interactions and the management of the mentally ill highlighted by these officers involved the negotiation of unpredictability. This was on several levels; in situations, interactions, reactions and expectations. How they managed this was via the reliance on and use of the established means of policing. This was in addition to an awareness of the specific dynamics of each situation. It was a heightened sense of awareness that signified the police-mentally ill situation, from the first call for assistance, the perception of 'going in cold' through to the decision making process. The factors involved in the complexity

of encounters were incorporated along a spectrum of experience, past and present, and an expectation of future dilemmas arising from this type of involvement.

The key themes when discussing the police involvement with the mentally ill were common to policing generally. These included the issue of violence and unpredictability, the establishment of authority through the use of force and the need for priorities contained within the demand of the immediate situation, with the added dilemma of bureaucracy. However, for the specific involvement with the mentally ill, other extra considerations carry meaning for the officer, including the issues around care and control, the level of sympathy displayed, the ensuing frustration in the restriction of options and the appropriateness of their involvement. This is within the context of an agency that cannot refuse such involvement.

However, the police operate within a wider organisational context. As officers developed methods of managing the mentally ill, the police force have also examined their response to this issue. Questions arise as to the extent the practice of officers and the expectations of the police force converge.

Chapter Six: Findings - The Service Response to the Mentally Ill

6.1 Introduction

Police officers face the dilemmas posed by the mentally ill in the community on a variety of levels, including the managing the immediate situation and deciding on the action to take. The police organisation is also required, as a public service, to develop a strategy to deal with particular problems and groups. The strategy and the development of schemes aims to ensure a consistent approach across the police divisions and departments.

As with other identified groups within the community, the response to the management of the mentally ill in the community has involved both national and local initiatives. The police management, with the objectives laid out by government agencies and with the expectations of the Chief Constables, aims to transfer these guidelines and directives downwards to operational police. One additional consequence of this is an attempt at controlling the actions of the officer in the community.

Wide deviations occur. This is due to a variety of factors, including local resources and individual practice. Involved in this process are the individual personalities connected with the development of schemes. This means that the organisational guidelines and response experienced by officers are dependent, to some extent, on where they are stationed. The nature of police decision-making on an organisational level has implications for the actions of the police officers within the community. Involved in this process of examining the organisation's demand for consistency are the police managers' expectations of their officers.

This chapter deals with the responses of five police forces to the mentally ill in the community. What is encompassed within this is the hierarchical structure of the police

and their system of filtering guidelines and objectives to operational officers. The outcome of such schemes and policy initiatives, however, may take a different development when considering the power and autonomy of the officer on the beat.

6.2 Specific Schemes and Specific Roles - The Official Response

During the course of this research, several police forces were approached and personnel interviewed who were either designated with the responsibility of dealing with the mentally ill or were involved with schemes aimed at managing this group. The police forces concerned covered several parts of the country and illustrated the diverse nature of the schemes and their specific answer to the mentally ill in the community.

The police forces examined included the following;

- a police force area in inner city in the South of England [police force 1]
- a police force in the Midlands area that covered a wide region [police force 2]
- two forces in the North West of England [police force 3 and police force 5]
- a force in a more rural area in the south of England [police force 4].

Two of these forces also allowed direct access to the operational police officers interviewed in this research [police forces 3 and 5].

The interviews were conducted with six managerial officers. An examination of relevant documentation also occurred. The managerial officers came from a variety of police forces and were involved at various levels in the formulation and implementation of policy for managing mental illness. Five of the officers were at the level of Inspector, with one Chief Inspector participating in the interviews.

These police forces offered a differing level of service for the mentally ill. Any disparity can be seen on a continuum, with one force providing no specialist procedure

or service, while several forces attempted a more co-ordinated approach. Overall, these forces operated a variety of schemes at the various stages of the criminal justice process. Within the development of each response, one has to remember the political climate influencing the police approach to the management of the mentally ill. Each scheme and procedure contributes to the individual officers' practice towards mentally ill individuals. It highlights the level of responsibility placed on police and other agencies in providing an solutions to the specific dilemmas manifested within society.

6.3. Police Force 1 - The Formation of a Specialist Officer and a Formal Scheme

This police force faced several issues relating to the care and control of the mentally ill. Generally, the policy and practice of this force can be pinpointed to the publication and recommendations of the Clunis Report in 1994 [Ritchie et al, 1994]. This police force received harsh criticism for their management of the mentally ill and the lack of co-ordination of policy. This is in conjunction with an increase in a general awareness within the force of the numbers of mentally ill individuals involved with their officers.

The high profile given to the issues raised within the inquiry report provided a mechanism for agencies, such as the police, to re-evaluate their actions towards, and interactions with, the mentally ill. For one station, in particular, the interactions they perceived and the contact they had with the mentally ill occurred on a daily basis. However, no official figures were available to confirm this belief. It was maintained that the police contact continued to be informal in nature and could not be formally and systematically monitored and analysed.

The Inspector interviewed at this police station outlined the major areas of development in the management of the mentally ill. This included his role as the Mental Health

Liaison officer, with responsibility for implementing the policy of the force at a local level. Throughout the interview several practical and pragmatic issues were highlighted.

The practical answers to incidents involving the mentally ill recognised by the Inspector included a formalised procedure for section 136, the use of the powers of arrest, and their involvement as protection for other professionals when sectioning individuals under the Mental Health Act. The Inspector estimated that they were involved in between three and four section 136 referrals per week. For this station and force specifically and its significant ethnic minority population, there was a concern regarding section 136 and the sizeable number of ethnic minorities who were detained under the section. The possible reasons considered by the Inspector for this occurrence included the difficulties many experienced in accessing psychiatric services and care. However, the role of discrimination may have contributed to the significant numbers of ethnic minorities involved.

6.4 The Organisational Response

From the point of view of the Inspector, the organisational answer to the management of the mentally ill involved three main approaches:

- the employment of specialist mental health liaison officers in each police division.
- the joint formalised procedure for section 136.
- the training of the operational officers force wide.

These themes covered a wide range of issues for the police. they involved an awareness of the main features of both the criminal justice and mental health systems, notably multi agency working. Additionally, a recognised individual, co-ordinating mental

illness policy was a feature which the Inspector seen as aiding the implementation of a consistent approach to the mentally ill.

Similarly, shared guidelines were established to increase accountability, permitting each agency an understanding of the expectations and responsibility of the other professionals involved. The issue of training highlighted in the government circulars and various reports recognised that the police in particular were no more expert in determining the mental state of individuals than other non specialist groups. These combined factors, on an ideological level at least, attempted to deal with the main organisational dilemmas faced by the police. Benefits identified from this approach included the development of skills and professional boundaries.

This police force installed mental health liaison officers at each of its 62 divisions. The Inspector cited the advantages in naming and identifying an individual officer. Primarily, he saw this approach as narrowing the possibility of a disorganised, unstructured and informal management strategy. With organising the majority of the policy and practice through one senior member, the operational officers had a clear line of hierarchy and command concerning one area of practice. It also became apparent to those involved in the process that this development assisted in the practice of interagency working, by providing an identifiable person to provide a contact point. The post of mental health liaison officer was one that was fulfilled by officers of the rank of Inspector. It was essentially viewed as a part time post. This occurrence was additionally seen as being mainly determined by resource issues. However, as the Inspector acknowledged, it would be a worrying factor if there developed a need for a full time mental health liaison within each police division.

In March 1995, the police force with the local psychiatric services documented arrangements for good practice with regard to the use of section 136, the place of safety procedure. It highlighted the sequence of events leading from the initial contact through to the assessment of patients. In conjunction with the social services department, the local procedure outlined the responsibility and level involvement of the various agencies. For the police, and their predominant place at the beginning of the procedure, the local policy provided officers with points of communication and outlined the steps to be taken.

The procedure essentially removed or curtailed the discretion of the officer, after the preliminary determination of mental illness. It ensured that officers adhered to a set of standard instructions as to what action to take, including the stage at which psychiatrists and approved social workers became involved. The procedure additionally implemented a form of joint monitoring, using a police form [Form 434] outlining the key factors in the occurrence of section 136. The monitoring form required the police officer to outline the circumstances of the detention, including the behaviour of the individual and the intended place of safety.

As a document outlining the process of good practice, the section 136 procedure established a time frame in which decisions and actions were sought. In practice, the Inspector recognised that the bureaucracy involved, while minimised, meant that officers were involved in the process for approximately two to three hours, rather than the expected half an hour. However, while good practice was attempted, the formalised procedure noted that, in reality, this would be difficult. It also recognised the key features of accepted practice, acknowledging the resource problems implicit in the assessment of the mentally ill. The notion of an appropriate place of safety was

endorsed, with the anticipation that a police station would only be used in certain, exceptional circumstances.

6.5 Issues in Joint Procedures

However, the Inspector highlighted the fact that several factors had to be considered to provide a context for the practical reality of this area of joint working. He felt that the police were often viewed with suspicion and mistrust by other services and individuals within the community. This effected not only their relationship with local agencies, but also the reaction of individuals to the police, including those with mental illness. At the time of interview, the Inspector considered that the situation was improving, with mutual trust and reliance developing. This was partly as a response to the perceived success of the section 136 procedure. As this area of practice was being implemented, more informal arrangements of communication were being utilised. The Inspector commented that if he suspected an individual was mentally ill, he could contact the local community mental health team and suggest that they undertake an assessment informally, rather than formally approach services.

Several issues occurred as a result of the development in this informal communication system. These included the overall ability of the police to detect mental illness, the confidence of others in the police diagnosis and the rights of the individual and their confidentiality. From an organisational point of view, such informal systems provided the police with certain benefits. The emergence of informal networks gave the officers an opportunity to extend their role in the maintenance of social order by becoming involved, albeit superficially, in the treatment of this perceived difficult group of individuals.

One further possible consequence of this network was the possible additional methods of obtaining information regarding certain individuals in the community. This method of gaining information was a key feature that emerged from the Inspector's perspective of the police encounters with the mentally ill. It was also seen by him as a key requirement for working with this group. Additionally it had relevance for how the police operated in society generally, through the amassing of information and knowledge of their community. The possibility of using other agencies for gaining information was seen as a consequence, potentially both negative and positive, of increased interagency co-ordination.

6.6 The Training of Police Officers

This force responded to the growing numbers of mentally ill people coming into contact with their officers by implementing a system of training. This training identified the core skills needed. These included the detection of illness and developing awareness of the available strategies for the police when dealing with the mentally ill. This training was recognised as an objective at a wider policy level within the force. It became an essential training strategy for a significant proportion of the force's officers. The training package offered consisted of a distance learning pack, which included a booklet and video.

The Inspector commented that this use of this style of teaching had obvious benefits and deficits. It enabled officers to assimilate the information at their own pace and in their own time. As the authors of the document additionally pointed out, it would also act as a reference manual and a source of information for any further dilemmas encountered by officers. However, one of the deficits highlighted by the Inspector was that, as the trainers and the police superiors cannot necessarily monitor the actual

training, its implementation and appliance may vary. One concern expressed was that that, while officers have to be trained in a variety of areas and develop various skills, there was a danger that the issue of mental illness was marginalized. It was argued that officers may not receive the benefit of an increased knowledge base.

The main characteristics of the training package consisted of the following areas:

- an outline of the facts surrounding mental illness.
- the relevant context of community care and the increasing likelihood of police encounters with the mentally ill.
- information on local schemes and arrangements.
- the legislation considered important to the police.
- the usual methods deployed when facing someone who is mentally ill, including an awareness of non-verbal behaviour.

While covering a wide range of areas and topics, the nature and style of the training pack meant that officers were provided with a basic understanding and awareness of the necessary information, skills and knowledge pertinent to interactions with the mentally ill.

One issue highlighted by the Inspector was that of violence and mental illness. The issue of violence has been outlined previously by the findings in chapter four. The training provided by this force reiterated this and outlined the possibility of such a situation being faced by officers. Such factors as sudden physical movements, language and tone of voice were incorporated into this description of key factors. Equally important was the need for the police to inform the mentally ill individual of the process and actions of the officer.

The document illustrated the importance of the police in minimising the potential for aggression and violence. For operational officers, the perceived dangers of their work and the unpredictability of the dynamics and the outcomes of the situation were features that were not only stressed within the organisational culture, but also recognised by as inevitable part of all police work. The training package appeared, therefore, to draw on the skills of the police officer already in existence, while also recognising the need for a greater understanding of the position and experience of the mentally ill.

It was acknowledged by the Inspector that the effectiveness of such training schemes was difficult to judge and dependent, to some extent, on the willingness of individual officers to incorporate the key themes of the training into their practice. The distance-learning module provided guidance for police officers rather than a formal outline of instructions. As in other areas of police work, individual determinants of action still took precedence over the organisational expectations and methods. However, in conjunction with the other arrangements in place, the police management of the mentally ill within this specific locality provided a variety of avenues and methods for operational officers to deploy.

6.7. The Development of Mental Health Policy of the Police

It appeared to the Inspector that the various divisions within the police force largely determined their own managerial strategies. The police as a force developed various initiatives centrally, which complemented the work of the individual areas. These included an analysis by the police and the Royal College of Psychiatrists of the use of section 136 [1996/97]. The police, the local ambulance service and social services additionally examined the specific area of the assessment of the mentally ill in private premises. Overall, this police force were continuously examining their response to the

mentally ill and assessing new methods and approaches, within a multi disciplinary framework.

The examination of the service for the mentally ill, amongst other particular groups, occurred in the background of the Macpherson Report into the treatment of the Stephen Lawrence. This report severely criticised the police in several areas, including the existence of institutional racism. The pressure on the police to develop an effective response to key groups and areas within the communities continued to be seen as a necessity. This aimed to rebuild public confidence in the police as a service and ensure effective methods of working within the community. This wider political context cannot be ignored when looking at the police in their many guises and in their encounters with many groups. It has implications for the police, organisationally and individually.

This particular police force adopted many key areas of policy development, in light of governmental objectives and organisational experience. Several factors contributed to these developments, including the demographic features of the force's region, individual interests and the demand for a more co-ordinated approach. Similarly, other police forces have responded to problems identified in their local communities.

6.8 Police Force 2 - A Multi Layered and Multi Disciplinary Response

This police force covered a large geographical area and faced similar issues as highlighted by Police Force 1. Equally, the force demonstrated a comparable response to the occurrence of mentally ill people in the community. The need for the various policy developments was reinforced by the increasing numbers of the mentally ill who were coming into contact with the police service.

The Inspector interviewed had a particular interest in the area of mental illness and took the lead in the development of force policy. He highlighted the incidence of police encounters with the mentally ill and viewed this as a characteristic of modern policing. A local study carried out in the latter half of 1993 found that 207 people were detained using section 136 [Roughton, 1994]. The predominance of the black and ethnic community in these figures raised many questions. The figures stated that 13.5 per cent of those detained under section 136 were from black or ethnic minority origin, although they only represented 3.6 per cent of the local population.

For Inspector, the main issues centred on developing strategies to enable officers within their area to effectively deal with the problems associated with the mentally ill. The police force responded to this dilemma in several key areas, notably with the development of diversion schemes within their police stations, involving the expertise of other professionals.

6.9 The Development of Local Diversion Schemes

Within the police force, there emerged a variety of schemes specifically aimed at managing the mentally ill within the community. These included

- a diversion at the point of arrest scheme at certain police stations
- court diversion schemes
- nursing services at bail hostels
- a mental health assessment procedure at a local prison, which was the subject of research by the NACRO [1993a].

The multi-layered response to the experience of the mentally ill in the criminal justice arena encompassed the numerous stages of the system. In essence, the Inspector felt

that the presence of mental illness should be detected, if not in the beginning at the police station, then at the next point on the continuum.

The co-ordination and existence of such schemes, in response to the local experience faced by the mentally ill, occurred within a background of multi agency working and partnerships. At the time of interview, the Inspector considered that the police and other local services generally provided an encompassing and multi faceted answer to those deemed mentally ill. The strategy, additionally, incorporated the management of the mentally ill at the first point of contact. For the Inspector, the key initiative centred on the employment of a diversion scheme at the time of arrest, at the very beginning of the criminal justice system.

The police area incorporated twenty-one divisions or operational command units. This police force in the early 1990s recognised the necessity of the conditions and objectives outlined by both the Reed Report [1992] and the Home Office [1995]. The briefing document produced by a local forensic unit and the police force additionally remarked on further issues that influenced and generated the requirement of co-ordinated services for the mentally ill. These included issues around community safety.

In response to these considerations, the pilot project of a diversion at the point of arrest scheme [DAPA] began in 1992. It was initially based at what was considered their busiest police station, in the south of the city. As result of the success of the scheme, three additional stations in the area benefited from the project. The development of such an initiative involved several processes, including the establishment of a multi agency steering group. As commented by the Inspector, providing a forum for the various agencies, such as social services, police and psychiatry, was an accomplishment. Establishing procedure and consensus from this arena was a further example of the

importance and relevance for a systematic and structured method of managing and caring for the mentally ill.

The pilot project began with two community psychiatric nurses from the forensic unit being placed within the police station. This provided an assessment service for those arrested by the police, regardless of the police diagnosis of mental state. The Inspector noted that the use of DAPA aimed to provide them with an efficient and effective option for dealing with the mentally ill. The scheme further acknowledged the negative aspects of detaining a mentally ill person for any considerable period of time in a police station. The availability of specific mental health knowledge meant that the police role in diagnosing mental illness was minimised. This was in association with a reduction in bureaucratic responsibilities.

However, the difficulties of placing one professional with occupational beliefs, working practices and methods into a different and potentially opposing ideology had implications for the success of any joint working. Overcoming these presumptions involved a variety of approaches. These highlighted the necessity of developing organisational interaction and understanding; from an informal level with the initial sharing of information to the more structured and formally acknowledged emergence of joint schemes, such as DAPA.

The dilemmas posed by the formulation of diversion schemes had further implications for the potential outcome of the project. As a result, the nurses who became involved within the scheme were allowed time to understand the nature of police practice and procedure, in addition to forming relationships with the officers at the station. The Inspector recognised the importance of this approach and acknowledged that it aided the development not only of partnerships, but also joint working practices and styles.

The operational procedure of DAPA involved the nurse assessing those in the custody suite by a variety of means, including observation and standardised documentation. The station installed a special room within the station in order for the assessment interview to take place. This assessment occurred after discussions between the arresting officer, the custody sergeant and the nurse. This was the initial stage of the diversion process. It took into account such factors as the presence of substance abuse and the severity of the mental illness. Following a more formal interview, the procedure examined the availability of health and social care services.

6.10 Practical Issues and the Maintenance of Schemes

Several issues were prominent for the Inspector when discussing the issue of diversion. The concerns raised by the use of cautioning for young offenders were applied to the mentally ill. These included:

- the involvement of the mentally ill, even superficially, with the criminal justice system
- the issue of the police gate keeping the decision making process
- the appropriateness of the disposals considered.

As with most social policies, a balance of the interests of the client and the organisation was difficult to maintain. However the ideological basis of diversion maintained that the removal of the mentally ill out of the criminal justice system not only served the needs of officers, but also the mentally ill themselves.

During the first year of the scheme, the total number of people interviewed by the community psychiatric nurse was seven hundred and thirty five, or twenty per cent of those arrested by the police. Of these seven per cent, or fifty one individuals, were diagnosed as mentally ill. Thirty three of the mentally ill suspects were not charged.

Instead they were diverted to more suitable facilities. The offences reiterated several known facts about the offending behaviours of individuals with mental illness, with offences being classified as minor. One crucial feature of those in contact with the police was their previous psychiatric history. Of the fifty one people seen as mentally ill, thirty two had prior involvement with mental health services. Therefore, the police were not encountering 'new' groups of mentally ill people.

As noted earlier, the scheme evolved further after the initial pilot project was established in one police station. Other stations additionally had the availability of an on call service. Essentially this response recognised the cost effectiveness of instilling a service which met the demands of the police and encouraged its availability only when needed. The 'on call' service received a steady rate of police referrals between the years 1993/4 to 1995/96. In the final year the scheme seen one hundred and thirty two referrals, which showed a slight decrease. Of these, one hundred and eight had a diagnosis of mental illness. The Inspector commented that the nature and number of the referrals demonstrated their ability to provide a clear diagnosis in their initial assessment of the individual's mental state.

The Inspector felt that the use of DAPA schemes offered a less bureaucratic response to the experience of the police officers in dealing with the mentally ill. One of the additional outcomes of the project was the recognition of the need for such a service [Wix, 1994]. As a result of the success of the scheme further policy objectives emerged, particularly the introduction of training. The scheme formed a central component of the overall answer to the problems experienced by both services and the mentally ill. It also encouraged the policy to be implemented on a national basis.

The policy of the police as outlined above terminated in April, 1997. The police response concentrated on the development of a scheme that covered the city, both North and South, and included the use of local community psychiatric nurses. An evaluation of this change in the direction needed to take place to fully understand the impact of this response on operational officers. Further communication with the Inspector, however, pointed to a reduction in the desire for diversion as a policy direction. The future of such schemes was in doubt, both from an ideological and resource viewpoint. While it demonstrated the possibilities of a formalised and coherent response, additional policy and service implications took precedence over specific, but useful, schemes.

What such schemes as DAPA show are the possibilities of developing a response to a complex social problem. The apparent success of the DAPA scheme, through the number of referrals received and the non-custodial disposals offered, suggested that the operational officers complied with the strategy instigated and organised by their superiors. However, issues around the transfer of policy into practice were felt to be a constant consideration when analysing the effectiveness of any initiative. The implications in ensuring policy administration on the streets pointed to a possible blurring of managerial objectives by street level implementers. These issues, and the role of discretion in the police officers' decision-making procedure, should be borne in mind when considering the relative success of projects.

6.11 Police Force 3 - The Variant Nature of Diversion

This police force in the Northwest has dealt with the recognition and emergence of the problems associated with the mentally ill in the community in the same manner as both

the previous two police forces. However, as with any policy solution, the organisation faced unique characteristics, and while the foundation and basis of such developments emerged from the same source, the final product of such decision-making was different.

The initial approach of this force encompassed both training and diversion. However, the implementation of the overall policy direction varied throughout the police area, with no two police stations experiencing similar initiatives. This was the result of numerous factors, such as the decision by managers to target the scheme in specific areas. The presumed response from the management included the following aims and illustrates their understanding of the dilemmas facing operational officers.

The Chief Inspector responsible for developing objectives in the police organisation claimed that, in 1991/92, they were one of the first forces to implement a policy regarding mentally disordered offenders. There were two components involved in these directives; diversion and training through distance learning. The training instigated by the police demonstrated similarities with that compiled by the police force 1. In addition to covering the main characteristics of mental illness, it highlighted the roles of other professions and the process of diversion.

The need for training was highlighted in a study of forty-eight officers, obtained through a local police station. The study showed that the officers, while having a basic understanding of their powers, procedures and the appropriateness of police involvement, required further information and knowledge. This was in conjunction with wider developments in inter agency co-ordination. This initiative was seen as one method of minimising the negative relationships between professions that some officers identified. A positive growth in professional understanding was a consequence of developing a policy of diversion.

The diversion schemes developed were similar to those identified within police force 2, such as DAPA schemes concentrating on diverting the mentally ill upon arrest. These schemes were situated in certain stations in the city centre and across the more rural areas. The Chief Inspector noted that the use of these schemes predominantly emphasised those who had committed an offence. For those who had broken the law, the distinction between options appeared simple and clear. The choice for officers was either diversion or prosecution. However, the Chief Inspector additionally recognised the significant number who come into contact with the police through non-criminal matters.

For the group of non offending mentally ill individuals, the Chief Inspector saw the only possible solution as the use of section 136 and the subsequent placement in hospital. The prevalent dilemmas, which centred on assessing the most appropriate course of action to take, were minimised. Here, the Chief Inspector felt that the officers in the community did not exercise any discretion.

“ We don’t leave the mentally ill alone. Police officers don’t have any discretion – they either have to charge them or take them to hospital under section 136 – it’s as simple as that”

[Chief Inspector, Police Force 3]

According to this officer, therefore, the choices open to operational officers involved the use of hospitalisation or an introduction to the two systems of criminal justice or health, via diversion.

The Chief Inspector envisaged that the officer in the community would not decide what action to take using his/he discretion. Through this policy, the skills and decision-making process in their every day practice of policing were distracted in favour of a guided and structured response. Or as the Chief Inspector stated himself, ‘there is no

conflict for the police in fulfilling their roles – organisational demands take precedence over individual interpretation’. The reality of this, however, was debatable. It was dependent on the culture, procedure and practice within individual police units and the successful filtration of these managerial policy objectives to the staff in the community.

When questioned about the potential confusion that might arise between the issuing of instructions and the practical dilemmas created by dealing with the mentally ill in the community, the Chief Inspector held the belief that there was no conflict for the police in fulfilling their roles. The general belief that the officers experiencing and working with diversion schemes both welcomed and benefited from such approaches was reiterated. Emphasis was placed on the development of clear lines of responsibility as indicated in the formal schemes. Equally important for the movement between policy and practice was the assumption, by the Chief Inspector, that the operational police in their force had accepted diversion as a feature of their practice.

6.12 Policy Through to Practice – The Experience of Two Stations in One Force

To highlight further the practical elements and characteristics of force policy, it is useful to examine two police stations within the area and their experience of the mentally ill. The police force was divided into seven districts. The two stations, both situated in areas experiencing social deprivation, had differing experiences of training and diversion. It is evident that the variance in the policy and practice of the mentally disordered offenders initiatives was not merely on a national basis, but also on a regional level. The operational officers who participated in this research were stationed at one of these locations [Station B].

The officers at this station [Station B] in the north of the area covered a beat of six square miles. The activity of the police was mainly conducted through patrols of the

central area. The environment was predominantly housing estates, with a small town centre. The police at this station additionally were aware of the rising numbers of community homes for those with mental health problems. As previous chapters note, these developments carried implications for their involvement with the mentally ill.

The officers were divided into five different shifts. Between six or eight officers were allocated to each unit, who worked together on a regular basis. The station operated a car patrol system, for as one officer noted, they 'cannot afford the luxury of allowing officers to go on the beat'. Another feature of the station was that it no longer housed a custody suite. Offenders were taken to a police station, situated elsewhere in the area, which had purpose built facilities. These features of the station have implications for the officers in their management of specific groups, including the mentally ill.

This station, at the time of interview, did not operate a diversion scheme. This was an obvious consequence of the removal of their custody suite. The options available to officers centred on the use of existing facilities elsewhere in the region. When faced with a mentally ill person, they could transport them to the local hospital, although no set procedure, as demonstrated in police force 1, existed. Additionally, no formal arrangements for inter agency working were in place. The training the police received with regard to mental health issues mainly occurred during their initial period as a cadet. While officers were aware of the distance learning training pack, it was not necessarily available or used. However, personnel from the central diversion scheme in the city were beginning to inform officers of their powers and provide them with accessible tools, such as a card highlighting the details and conditions of section 136. In the widest sense, therefore, officers were required to make their own judgements as to the decisions to make and the action to take.

This illustrated that, while the police as a force advocated certain and specific approaches, for the individual stations and officers the practicalities of managing this group tended to be based on their knowledge of the area. As the officers' perceptions of their work with the mentally ill highlighted, they faced a certain amount of bureaucracy and frustration as to what could be achieved. The comparison of two stations within one police area illustrates the potential effect of diversion and formal arrangements on the work of the officer.

The experiences of the second police station contrasted with the lack of a formal approach outlined above. Subsequently, the Inspector at this station reiterated the need for ensuring, where practicable, that policy was considered throughout the force, rather than in certain locations.

This police station was a relatively busy station. For example, in one month between January and February 1997, one thousand prisoners were processed. This particular station identified various methods for dealing with local individuals they seen as experiencing mental illness. Through an arrangement with a local hospital, the development of an appropriate adult scheme and through the use of diversion, the police had mechanisms by which to structure their interactions with the mentally ill. By using a form detailing the implementation of section 136, the officers were also able to monitor the numbers referred.

In 1996, twenty-two people were sectioned. A significant proportion were dealt with either in the community, or through informal/voluntary admission. The numbers appeared to be relatively small. With the establishment of a more formal procedure by arrangement with the hospital, officers tended to spend on average over two hours dealing with this type of situation. This can be compared with the experience of the

officers in the first police station who often anticipated a considerable amount of time, sometimes up to five hours, dealing with the mentally ill within the hospital setting. The Inspector, however, acknowledged that generally section 136 was rarely used.

Diversion at the station also involved the use of a local community nurse, who attended the police station when required. This nurse also provided training to officers, in addition to the force's own training package. The Inspector believed that the officers at the station were more aware and able to detect mental illness as a result.

As with police force 2, the Inspector was involved in various steering groups and committees, ensuring that the police view was put forward and policy formation took account of their opinions and experiences. This formulation of policies also extended to the police assisting in certain elements of the Mental Health Act 1995, with specific reference to the powers to take and convey patients. This was a recurring problem and concern for the Inspector in this station, and arguably throughout the force. This was reiterated by other managerial officers within the force,

“ Ideally we shouldn't be involved with the mentally ill, but it is a fact that we are facing more and more mentally ill now.”

[Chief Inspector, Police Force 3]

It was a constant concern for the Inspector that while they acknowledged the social problem of the mentally ill in the community, their individual desire to become involved was minimal. Incorporated further within this process were certain political implications. As in many areas concerning the crossover of social problems, and the interlocking of systems, lines of responsibility and accountability appeared to be dominant issues. The Inspector argued that in this area there were 'clear lines of responsibility', mainly due to the existence of such schemes. As the Inspector

acknowledged the formal processes minimised the previous use of the police as an added resource, both as a taxi service and in providing a place of safety.

6.13 The Community Approach

The formal system of diversion accounted for a proportion of the interactions of the mentally ill with the police. It also provided a semblance of organisation and control of police actions. Through the use of a community beat officer system, the Inspector felt that the officers had additional informal contact with the mentally ill. By attending community meetings, officers became aware of mentally ill individuals in the community who were causing concern. The Inspector argued that with the existence of a community approach, problems presented and experienced by the mentally ill individual were managed.

Furthermore, since the interview with the Inspector, crisis intervention teams were developed. He recognised that this had advantages for officers. For while they were

“..in a predicament in looking after people, and not being able to arrest them – we can spend hours looking after people – now with CITs (Crisis Intervention Teams) people can get treatment earlier”
[Inspector – Mental Health Liaison Officer, 5 June 1997]

This practice can be seen in light of the intentions of the force management to move towards problem orientated policing throughout the area. The development of community policing in the local area had further consequences for the mentally ill and the management of this group by the police and other agencies. Initial reactions suggested a change in the direction of policing.

On a practical level, it was estimated that fifty-nine officers in a district were to be designated with the remit of managing and dealing with local issues via community policing. It was envisaged that issues regarding mental illness would fall under the

remit of the community officers. It was anticipated that such an approach would fundamentally change the current response of the police towards the perceived special groups within society. As yet it is too soon to fully comprehend this change of policing style and the implications for individuals and officers alike. However, various implications can be sought and provide an theoretical explanation for police-mentally ill interactions in the future.

6.14 Police Force 4 - The Informal Response to a Limited Problem

The experience of the police force 4 was an example of the different levels of emphasis placed on mental illness by different police forces. At the time of interview, the Inspector acknowledged that the police force were at an early stage of policy development. Their overall policy direction and implementation were perceived as both ad hoc and reliant on existing legislation and powers to formulate a response to the mentally ill in their community. This was a reflection of the relatively small numbers of mentally ill people coming into contact with the police. In one area in 1996, of the 8000 arrests, only twenty were classified as section 136. The Inspector, however, recognised that the number of mentally ill in contact with officers was increasing. The Inspector claimed that this increase was due to the failings of community care to sustain the mentally ill within the community.

6.15 The Use of Officer Judgement and Skill

Regardless of the small numbers, some procedures and practices raised issues. When examining the forces' approach to mental illness, the Inspector emphasised the reliance on the skills and discretion of the individual officer. As a working model of managing the mentally ill, the practice of the police force represented and encouraged the skill of the individual officer in negotiating and deciding on the most relevant course of action.

While this police organisation and other forces shared similar experiences, the Inspector argued that the situation in this particular force pointed to the requirement to manage through existing resources, rather than develop new or formal initiatives. Themes highlighted included the use of informal methods. This was advocated as a benefit as it utilised the skills of the individual police officer, instead of the relying on the organisational policy of the force.

The Inspector highlighted several practical elements which distinguished this police force from other forces. The police station remained in use as a place of safety. The Inspector acknowledged the inappropriateness of this practice, but recognised that the use of a police cell for the mentally ill was an existing requirement and necessity. Few local hospitals could or would accept what they seen as 'difficult cases'. More fundamentally, there were few places or emergency beds within the area. The perspective of the police in implementing section 136 in particular was focused on the care of the individual. The Inspector recognised the police role in the care and protection of the mentally ill, particularly their responsibility to 'look after' this group. This caring role places the police at the forefront of responsibility for the local mentally ill. As the Inspector stated,

“ We don't just throw them out, we have a responsibility to look after people. The police station is the only place available to bring them. I expect that this will rise as community care fails.”

[Inspector, Police Force 4]

The Inspector noted various additional effects. The wider policy consequences of these actions included a decrease in the use of sections two, three, and four of the Mental Health Act in the area, accompanied by limited access to further specialist health resources. What also emerged was the subsequent existence of the 'revolving door syndrome' for the mentally ill. However, a constant feature throughout this examination

was the relatively limited formal involvement of the police with the mentally ill. This should be seen as providing a context in which to assess their policies and actions.

The Inspector commented both on the importance of the role of the custody sergeant in the decision-making process and the overarching relevance and predominance of experience as a police tool. He saw the police having to develop methods by which to negotiate their environment and deal effectively with the problems encountered. Within this framework, specific roles and identities are instigated and played out.

To the Inspector experience was considered a prerequisite within the decision making process of a police officer. It aided in their ability to determine mental illness. The custody sergeant embodied the necessary experience to influence and assist in both deciding the presence of mental illness and the course of action to take. One characteristic of this police force, therefore, was their maintenance and usage of the existing skills of their police officers, recognising the necessity of individual power. Of all the police forces examined, this particular force acknowledged the prevalence of the police officer as decision maker and implementer,

“ We rely on our officers and their knowledge and experience.
We can't train them in everything.”

[Inspector, Police Force 4]

At the time of interview the Inspector did not see the need for a formal policy approach towards the mentally ill, especially in the short term. He argued that the favoured approach emphasised the role of the police officer in deciding their own policy on a local level. On a wider level, the policy direction of the police was characterised as response to local demands, characteristics and needs. However, as highlighted by Community Care in 1997, a growing awareness was emerging within this police force. The discussion noted the nature, scale and scope of the dilemmas resulting from the

wider policy of community care and the experiences of the mentally ill, as viewed from a police perspective. As with other police forces, the formalisation of policy and objectives may result from this identification.

6. 16 Police Force 5 - The Dilemmas of Diversion

Police force 5, through the use of diversion at their police stations, developed a structured approach in their response towards the mentally ill. The approach was focused at the beginning of the court process and included the introduction of localised multi agency procedures. The dynamics and processes of diversion have been examined in relation to both the police force 2 and police force 3. The answer offered by this particular force carried several of the same details, objectives and connotations as highlighted by these forces. However, there are several issues particular to this force, which highlight their own experience and characteristics in the operation of the organisational response to the mentally ill. Operational officers from this police force also participated in the research [Station A].

The Inspector outlined the demographic features of the police area. This police force covered a diverse area, both urban and rural, with certain regions experiencing levels of unemployment and deprivation, in addition to incorporating the more prosperous commuter districts. The police stations within the area, therefore, faced a variety of situations. Equally, they responded to this diversity with differing policing styles, including the use of community policing. Two examples of the numbers processed in two local, but different police stations demonstrate the busy nature of the police force. On average, 3,000 prisoners in one station and 10,000 in the another were processed in one year.

The Inspector recognised the importance of prioritising police work in the face of such demands. One of these demands concerned the regular involvement of the police with the mentally ill. Any policy decisions and formulation of procedure for the police towards the mentally ill occurred within the Community Affairs department of the force. This department, established in August 1998 and based in police headquarters, dealt with matters pertaining to the issues of race relations, homophobia, youth justice and mental health. Their management of these areas was under review at the time of the research, so this assessment of the position of the police force was reliant on previous interviews of managerial personnel.

6.17 The Limitations of a Formal Approach

At the station level, [specifically one station where the operational officers were interviewed] the management of the mentally ill became a matter of attempting to match priorities with resources. While the formal use of section 136 was limited [often used on average eight times a year] there existed an informal network of regulars encountered by the police. Whilst the Inspector was aware of and knew this regular group, he believed that the officers could not provide adequate services or access the relevant and necessary agencies to assist these individuals fully. As the schemes such as diversion developed, questions occurred as to the application and usefulness of these procedures. The Inspector commented that the officers had a tendency to access the local community psychiatric nurse only when they believed it was appropriate, and when they were convinced of the presence of mental illness.

While the Inspector reinforced the claim for police accuracy in determining mental illness, if there was an element of doubt, he argued that officers tended to charge the individual with an offence. He held the opinion that regardless of the existence of the

diversion scheme at the local station, the individual, if mentally ill, would be dealt with later in the system. This opinion, if taken to the extreme, went against the ethos of diversion, as outlined in government policy. The Inspector went so far as to argue that he 'could not see much use for the nurse' within the scheme. The officers in the interviews echoed this in their reluctance to utilise formal procedure. Their experience of the diversion scheme was limited. This particular admission demonstrates that, while policy may have the support higher up the police hierarchical scale, for the individual officer practical concerns often overrode the implementation of force policy.

Arising from the restricted use of the scheme, there were several multi agency issues and concerns. On a local level, the Inspector perceived a lack of interagency communication, in addition to the limitation of interagency working and ideals. Compared to the notions of sharing information outlined by police force 1, for this police force the fundamental problem between the agencies was the limited availability of information. While the Inspector felt that they were able to give information to other services, these services did not reciprocate. He felt that this was mainly on due to issues of confidentiality. The system was seen as 'ad hoc' and did nothing to help the police in the fulfilment of their roles and tasks.

6.18 Resource Issues

Resource related issues emerged from this dilemma for the police. The Inspector believed that there existed an expectation by other services of the police taking the lead role in any local scheme. The Inspector felt that this mean that many local agencies were expecting the police to take the initiative and manage the local problem of the mentally ill in the community. By association, there was a requirement that such a position involved a commitment to resources. This was reflected in the apparent

reluctance of the Inspector to engage with other agencies. As demonstrated earlier [reiterated by Thomas, 1994], the blurring of professional boundaries and accountability transpired into the ad hoc nature of agency co-operation.

The Inspector argued that the police aimed to distance themselves from mental health issues. The reluctance to become over-involved arose from a variety of reasons:

- the resources required.
- the overall priorities of the police as a force.
- the mandate of the Chief Constable and its effect on the operations of the police.
- their assertion that they were insufficiently trained to deal with mental illness.

This myriad of assertions subsequently led to the conclusion that the police officers managed the mentally ill in the community against a background of resource restriction and professional isolation. For the Inspector, it was the individual skills, methods and coping mechanisms of the operational officers which were used, rather than the overall policy direction of the force.

While the scheme of diversion was a resource available, when officers needed to decide on action to take other factors proved more influential. These included their knowledge of the community and the use of their skills as an officer. The Inspector questioned the effectiveness of such schemes for the officers in his station. This raises a further issue regarding transferring policy directed by management to the practice of the individual officer. It was felt that the police managers needed to ask several questions. These centred on the ability of diversion and training to fit into the every day world of their officers and the relevance of the organisational response to the experiences of the operational police.

The comments of the Inspector in this police force echoed the concerns and initial feelings of many officers throughout this research, both managerial officers and the officers on the beat,

“ We try and distance ourselves from mental health issues, we are not trained, it’s not our role to be involved with the mentally ill. We should charge them and let them progress through the system and get picked up later.”

[Inspector, Police Force 5]

The organisational response, while being formulated to address issues systematically and provide officers with some structure, did not appear to alleviate their concerns and their desires to remain distance from the social problem of mental illness. The reluctance of the police to use more formal schemes and opportunities demonstrated the complexity of the situation and the dilemmas that subsequently arose.

6.19 Conclusion

In describing and detailing the five police forces’ organisational response, certain themes emerge;

- the filtration of government policy down towards the individual forces
- their interpretation of these objectives
- the reality of such practice and the perspective of officers of its relevance
- the limitations of formal policy.

The responses of these individual forces illustrate the various organisational methods available to the police in dealing with the mentally ill. A significant determining factor can be seen as the perception of the scale of the situation and its implication for the operational police.

The two examples that illustrate the diversity of the experiences and their differing solutions are police force 1 and police force 4. They recognised the importance of matching responses to local conditions. However, one of the central areas in examining the issue of police involvement with the mentally ill concerned the development of training. Two police forces [police force 1 and police force 3] developed packages aimed at informing officers of their role and powers. Police force 5, however, raised issues over the extent of training and the need to recognise the variety of training police officers undertake in the course of their careers. In contrast, police force 4 at the time of interview, had no formal training schemes established, with the exception of the specialised role of the custody sergeant.

When examining this area specifically, one needs to assess several factors and features involved in the training of the police officer. Considerations include an examination of the aims of training, its expectations and its emphasis. One has to ask if it can be seen as stressing the translation of these expectations to the officer on the beat. In shaping the individual within the force, and providing a consistent response throughout practice, the most obvious and accessible method is training. This has relevance not only for their involvement with the mentally ill, and the role and tasks they perform in this capacity, but also in the development of and adherence to the 'police function'.

The obvious conflicts between policy and practice are evident in the every day interactions of the police with the mentally ill. While each force identified approaches to take with this particular group, very few could highlight methods of ensuring the fulfilment of policy. What still remains is the reliance on the individual officer to complete tasks and resolve situations, whilst adhering to the general philosophy of the force.

Chapter Seven: Discussion - The Police Experience of Mental Illness

7.1 Introduction

Any examination of the police relationship with the mentally ill is essentially one that highlights the conflicts, dilemmas and solutions available to the police in their every day practice. What becomes apparent is that the police have to manage a vulnerable group of individuals through the application of their knowledge. Encompassed within the framework of discretion, the style and type of action and behaviour is one that offers a myriad of possibilities. Central to these is the police understanding of their interactions and their experience.

The practice of the police aims to predict and determine the actions of the mentally ill. All subsequent reactions can be seen to lead from this concern. On the individual level, the dominant functions for police officers centre on their ability to negotiate their safety and provide a short-term response. This is against a background of unpredictable behaviours and outcomes.

In order to survive in the role of police officers, and to act according to expectations, it is assumed that officers develop a 'habitus'. Bourdieu's habitus, and its relation to practice and role identity, can be summarised as 'a unifying principle' [Pinto, in Shusterman, 1999, page 100] that aims to unite the practice of the individual. The notion of 'habitus' argues that the police are provided with the methods and skills to negotiate their environment. The problems raised include the dilemmas around care and control, the predominance of risk and the bureaucratic problems of managing the mentally ill within the community. The police have to organize such concerns in light of additional demands on their time and expertise. It is argued that their habitus provides a blueprint to understand behaviour and decide on action.

The police do not act in isolation of wider society. They operate within the current social context, with its objectives and policy implications, including mental health and community care. These effect the overall development of the police habitus. Whether encountering the mentally ill or involved in the management of offenders, the police officer as a law enforcer or peace maintainer is instilled with core beliefs, attitudes and methods of acting.

What Bourdieu implies in his description of habitus is that the identity of the agent and their subsequent practice carry central characteristics. These are maintained, modified, and re-established with each experience. In the specific interaction between the police and the mentally ill, certain aspects of the police habitus are brought to the fore. While they exist in the general role of the police officer, for this particular situation, they take on additional significance.

Within the officer's decision-making process, there is a reliance on their individual judgement and subjective understanding of the current situation. However, the police officers' ability to change their environment is limited. This specifically concerns the organisational and societal demands, which may be opposed to the individual needs and practice of the officer. There is added frustration at the policies, objectives, and guidelines presented.

The distinct features of the police habitus suggested by this research can be categorised as follows:

- **The Preoccupation with Violence**
- **The Notion of Unpredictability**
- **The Development of a Strategy of Least Time**
- **The Use of Discretion**
- **The Individual Officer and the Organisational Demands**
- **The Concern for the Welfare of the Mentally Ill**

7.2 The Preoccupation with Violence

One of the main issues to emerge from the research regards the link between violent behaviour and the mentally ill. The definition of violence should be addressed. As with risk, it has many different meanings. In the majority of studies looking at the association between violence and the mentally ill, it is homicide that attracts attention [Szmukler, 2000]. It is clear that when looking at homicides, the number of inquiries has increased the perception of the violent mentally ill individual. This is regardless of the decrease in the numbers of murders by this group. However, there is some link between mental illness and violence [Taylor, 2001, Walsh et al 2002],. This link remains small when compared with figures outlining other acts of violence [Royal College of Psychiatrists, 2003]. As the Royal College of Psychiatrists [2003] confirms, only a minority of mentally ill individuals can be seen as violent.

The findings in this study outline that officers maintained this belief in the violent mentally ill regardless of the reality of violence. There are persistent views which effect how the mentally ill are seen. In light of the emphasis on risk [Munro et al, 2000, Taylor, 2001], this perception of and influence on the police (as well as other professionals) cannot be ignored. The officers in this study typified their interaction with the mentally ill as being one that is characterised by the risk of violence. The universality of their comments and the firm belief in the connection between violence and the mentally ill influenced how they enter the encounter. They were prepared not only for making difficult decisions in managing the situation, but also for the possibility of violence. The past experiences of the police suggested to them that the likelihood of violence increases when they encounter an individual with mental illness.

The reasons why officers maintained this assertion often included the unpredictable behaviour of the mentally ill. In some cases, officers had previous experience and knowledge of violent acts by the mentally ill. The belief in actual and potential violence is not unique to the interactions and the relationship of the police with the mentally ill. The presumption of danger and expectation of harm are important features of the characteristics [refs]. As a result of previous experience, the experience gained through various situations and the routine developed, an established set of beliefs is maintained. As the officers in the study demonstrated, their first consideration is one of safety, primarily of self, and then of others. In order to do this they believe in the necessary contemplation of danger and violence. The main objective for the officer is to return home safely [Bayley and Bittner, 1984].

The police maintained a heightened sense of awareness and a general suspicion towards events in the community. This includes a concern towards potential harm. To place in context this preoccupation with violence is to recognise that the police,

“...have an acute sense of where danger lies and what kinds of situations cause them the greatest difficulty in deciding what to do.”
[Bayley and Bittner, 1984, page 37]

Previous research [e.g. Menzies, 1987] confirms that the association with violence and the mentally ill continues to be a feature of the police world of mental illness.

The assumption of violence and mental illness as a direct relationship is not a feature confined to the group of officers interviewed. The police officer's experience is one dominated by unpredictable occasions and violent intentions [Ruiz, 1993]. Within this police perspective, to have a mental illness is to increase the propensity for violence. This connection has its foundation in common assumptions surrounding the nature and consequence of mental illness. This has been reiterated by recent moral panics around

community care. Nor is it a new concern [Scheff, 1966]. Regardless of the limited truth in these foundations of violence and mental illness [Boyd et al, 1994], it remains a part of the belief system of the police.

Why should the police maintain this association? The connection with danger is part of being a police officer. The notion of danger within the police world is a complicated, interactive culmination of events. It is not merely consigned to individuals and specific encounters. Behind such notions are specific issues including role identity and isolation that sets the police officer apart from the public they serve. Through the wearing of a uniform and the provision of powers, the police officer is singled out as a visible and definable social agent.

Their ability to understand mental illness, while effective in determining the presence of a disorder, also carries with it negative assumptions around those labelled mentally ill. Via experience and through ideas around mental illness, the police continue to make this link. This can lead to caution when faced with certain situations and an expectation that a violent incident may result. It is part of the police belief system. One should not be surprised by its predominance in the arena of activity that encompasses the police and the mentally ill.

7.3 The Use of Force and the Mentally Ill

Amongst the skills of the police is the ability to determine and use appropriate force. Force as a recognised part of policing distinguishes officers from other professional groups. In prioritising the possible actions to take, force enters the police decision making process. This is part of their role and within their powers. While the police do not always use force, it is their capacity to do so that is relevant. For, while the police have many aspects to their role in the community, it has to be recognised that the police

are seen primarily as law enforcers who maintain the capacity to use force [Waddington, 1993]. A significant group of officers interviewed acknowledged that the issue of force remained an issue, even if the individual concerned was perceived as mentally ill.

How the police decide to use force is complex, whether it is from an abstract standpoint or an analysis of situational criteria [Hunt, 1985]. Entering an unpredictable situation requires the officer to further examine the various options available to them, including the issue of force. Determining the level of force required in dealing with the mentally ill is an important issue. The type of force used varies from the hands on restraint to the use of CS gas.

For certain officers in this study, the use of CS gas was a viable option. Two groups of officers noted this area in particular. These officers operated in an area which contained community houses for those with mental illness. What is significant is that while a majority of officers interviewed experienced similar environments, but only two groups raised CS gas as an issue. This may be due to the experiences and attitude of the officers.

When examining decisions on the appropriateness and application of force on the mentally ill, more serious considerations are apparent. It can be viewed within the police preoccupation with violence. The officers felt that they needed to do what was required to ensure the re-establishment and continuation of order. If the use of force is one of the more effective options, then it is considered.

What is evident from officers is that, through the use of force, the dynamics of the encounter change. The police were no longer 'humouring' the mentally ill and calming

the situation down via conversation or in their role as 'professional persuaders'. Their primary role as law enforcers and controllers was maintained. Rather than moralising on the need for force, officers were responding to the demands of the situation. The distinction between the groups of mentally ill identified subsequently influenced the use of force.

While all mentally ill could be seen as potentially violent, this distinction between the groups of mentally ill manifested in the use of force. For several officers this resulted in the use of CS gas. The use of force and CS gas was seen as appropriate for those viewed as potentially violent. Thus, the police identification of individuals allows for the sanctioning of force. The use of CS gas by the police on the mentally ill is still a current and relevant issue [Bowler et al, 2000]. The situation summarizes the problem of policing the mentally ill. Attempting to control the situation involves

“...the need to balance respect for personal autonomy, both morally and legally, as against the need to control quickly and safely.”

[Bowler et al, 2000, page 16]

The appropriateness of this form of control has been questioned as an operational method [Police Review, 1999]. The Police Complaints Authority has equally raised issues regarding the use of CS gas on the mentally ill. The nature and organisation of police forces means that the variance in such actions makes the examination of practice difficult. One also has to recognise that the responsibility for its use lies with the individual officer and their interpretation of events [Bowler et al, 2000]. The police, however, felt that in their everyday encounters with a variety of social groups it was a necessary addition.

The police exhibited various dilemmas in their interactions with the mentally ill. The use of CS gas in particular adds further to the confusion over the care or control role of the police when dealing with the mentally ill. The fact that the police demonstrate sympathy and an awareness of the vulnerabilities of the group did not pose contradictory objectives for the officers. Whilst they acknowledged the experience of the mentally ill in the community and the treatment they received, the police retained their need to control the situation faced. The need to contain the situation and the course of events are requirements to be met first.

7.4 The Symbolic Mentally Ill

The police had a workable stereotype of the mentally ill individual they were likely to come into contact with. What is created in the police mentality is the 'symbolic mentally ill'; the unpredictable, vulnerable, but potentially violent individual. Although deserving of sympathy, the individual had to be judged with caution. For while the police treat each incident individually, there is an all-encompassing image that serves to concentrate their efforts and provide a blueprint for the possible courses of action.

Regardless of the police knowledge and awareness of individuals within their community, each is assumed to have this potential, from those considered meek and quiet to those with an existing reputation for violence. It is far from clear how the effect of alcohol or drugs influences the police perception of the mentally ill – those identified by the police were seen as primarily as mentally ill. This carries with it various conflicting attitudes.

The mentally ill are interpreted as occupying two extremes, the meek and quiet, and the outwardly aggressive. The attitudes of the officers also displayed extremes in categorisation, seeing them both as 'victims of the community' and as potentially

violent ‘nutters’. Polarising the mentally ill helps to categorise behaviour. For these officers, their categories of mental illness provided them with reliable generalisations. The ‘symbolic mentally ill’ is a character that appears at the forefront of the police decision making process.

The issue of drug and alcohol use were surprisingly absent from many discussions within the group of officers. The reasons why the officers did not raise these issues may be various. These include the perception of officers as to the nature of mental illness and those individuals they encounter. There additionally may be issues regarding the type of questions asked, which focused primarily on mental illness

7.5 The Notion of Predictability

To understand the police world is to recognise the need for order and predictability. For the police, to establish a routine is to minimise the unpredictability of events. This leads to a need for predictable behaviour patterns and outcomes. In practice, where possible, the police develop a model of working that recognises similar patterns, behaviours and routines. Thus, the ideal for the police in their interactions with the mentally ill [and with other social groups] is to know the dynamics and the circumstances of the encounter, prior to their start of the process. The reality is, however, different.

What the police do not like is the occurrence of disorder and unpredictability, in events and in behaviour. The likelihood of encountering such incidents is, however, at the centre of being a police officer. The reason for their involvement in social situations includes the characteristics they dislike the most; the presentation of disorder and ‘unusualness’. It is this aspect that officers recognise as adding difficulties in managing the mentally ill in the community.

The police develop knowledge of their area and become familiar with both their surroundings and its residents. This was apparent through interviews with the operational officers, who developed knowledge of the local characteristics and the features of their community, including the local mentally ill. In doing so, they are establishing the parameters of order and familiarity. In achieving this, they can then be witness to anything which becomes an 'out of ordinary' event. Having information and knowledge helps to predict the course and outcome of events.

The police depend on gaining information as quickly and reliably as possible. Limited knowledge of events is not confined to interactions with the mentally ill. It includes the majority of citizen-evoked encounters faced [Waddington, 1993]. The citizen calls for assistance subsequently form the majority of the police interactions. They often involve non-criminal activities [Waddington, 1993]. The police in this study remarked on the type of calls received, including those related to domestic matters. The role of the police officer in these situations is continually one that defines them as

“.... the servants of the public, with one consequence being that the social troubles they oversee often have little to do with the criminal law.”

[Black, 1971, page 1091]

In professional and police evoked situations, the police have ideas around the expectations of the contact and action to be proposed. In the citizen encounters the police are reliant on the attitude of the individual, their reasons for assistance and their expectations of police action. Several determinant factors influence the situation, including the demeanour of individuals, the relationship between the caller and the 'offender', and the demographic characteristics of the offender population. In order to negotiate these competing demands, the police develop methods of control and routine.

The police routine includes varying and diverse encounters, facing an array of different problems [Waddington, 1993]. The officers in this study pointed to their role in assisting individuals in seemingly trivial, non-policing related calls. Their involvement with the mentally ill falls potentially in-between this myriad of possibilities, as a potentially criminal matter arising from a social dilemma. Via a process of examining past experiences, previous methods of managing and their expectation of future events, the officers form a basis for present action [Ruiz, 1993]. As Emerson remarks the police decisions and

“... assessments of the ‘seriousness’ of particular cases tend to be made in relation to the kinds of cases regularly encountered in that particular setting.”

[Emerson, 1983, page 428]

For the police and their involvement with the mentally ill, their internal scale of judgement involves a reliance on previous interactions and outcomes. This includes not only the severity of the behaviour, but the likely effect on the police officer in terms of risk and in time spent at the incident. The requirement to establish a form of order where the dynamics of the situation are unknown serves the officer in the current situation. The prime predicament for the police in this study remains the unpredictable features of the encounters.

7.6 Police Methods in ‘Making Sense’ of Situations

The frequent assertion by officers interviewed of ‘not knowing what they were going into’ means that to make sense of the encounter and to prepare for any eventualities, the police develop their own method of understanding. The ultimate aim for the officer is the restoration of order. This means that, for officers, the situation follows a similar pattern and the outcomes can be predicted. As Bourdieu acknowledges, one of the outcomes of the habitus is the construction of predictability. That the establishment of

routine, ritual and predictability are police requirements highlights that their belief system and practice has within it a disposition for order.

However, the added dynamic to this situation is the possible presence of mental illness. The use of stereotypes of individuals and behaviours serves as a guide to the characteristics of the encounter. The police classification of mental illness involves a plethora of descriptions, mostly describing external and physical features. The reliance on generalised concepts of mental health and mental illness has further significance when those lay concepts are utilised by social agents such as the police. The physical manifestation of distress and the possibilities of harm to both self and others has come to represent to the police [and other social agencies] a definition of mental illness. It is considered deviant by virtue of its visibility and its abnormality. This, in police terms, is seen as something 'not being right'.

The placing of the mentally ill into groups is illustrated by Teplin et al [1992]. It is also not a feature uncommon to police interactions generally [more refs, McConville et al, 1991]. This links to the ideas presented in the notion of the 'symbolic mentally ill'. Officers viewed the mentally ill as eccentrics or characters, those who were to be humoured, the 'quiet' mentally ill who display outward signs of distress, and the more violent individual, who the police felt either has been or will be violent.

The police labelling process can be seen as a method to determine subsequent action. Outsider confirmation, via the initial call for assistance, other professionals or the individual's family members, also provides some presentation of order. It provides the officer with a rationale as to the likely course of events. This does not mean that the encounter suddenly becomes predictable. In association with their previous experience,

the officer is informed of the initial features. The expectation then is, conversely, one of unpredictability. This is with regard to behaviour, time and the availability of options.

The police often describe the difficulties they face [Waddington, 1999], accentuating the dilemmas posed by various social encounters. The police officers interviewed here were no different. However, in making sense of the police world, their reliance on extremes, in emphasising the methods involved in interpreting and defining actions, should be noted. It defines their need to categorise. To ignore this would be to ignore the subjects' interpretations of their world.

The recurring encounters with individuals known to the police offers a form of predictability and order. The realisation that the police constantly face the same mentally ill individuals should not be surprising. It demonstrates the characteristics of the system, of the inadequacies of mental health provision and the use of the police as a twenty four hour service. This is a major feature of the police-mentally ill encounter [Green, 1997].

In one sense situations become familiar and predictable are within the options available to the officers within this study. For while the social situation and its characteristics may be unpredictable to officers, the possible recourses for action are not. The uncertainty in accessing appropriate treatment means that, while officers are aware of what should be done in practice there are limited options. An informal approach versus formal responses is the main choice for officers. From this divide, officers decide on the action to take. This often means using discretion to determine what will prove most effective for individual officers.

7.7 The Development of a Strategy of Least Time

A picture has developed that recognises police officers use various mechanisms to assist them in dealing with the mentally ill in the community. This includes their understanding of violence, their perception of the mentally ill and the use of categories, and the establishment of order. The next stage proves to be a major concern for the police.

When entering encounters, the police have to decide on a series of options. This is obvious. The process in determining and deciding action is not. The police can enact a series of roles, as peace keeper or order maintainer [Waddington, 1993]. They can perform numerous tasks, formally acknowledging their role as social agents and following guidelines and designated procedures, or informally deciding action from the situation around them. This study suggests, however, that one of their prime concerns is to discover and develop a strategy of least time. This means that the officers in this study sought to end the situation as quickly as possible. They do this by adopting various approaches.

As 'professional persuaders', the police can use their social skills to encourage the individual to cease their behaviour, to return to their home and to terminate their involvement with the police. For the police in this role, it is their ability to 'manipulate' the situation that helps resolve the situation.

Their role as professional persuaders implies that the police embark on action that will result in a quick and effective solution. This particular role calls upon their skills to encourage people to comply and to determine the situation with the minimum of disruption. Persuading people to conform and return saves the police from the bureaucracies of hospitalisation, the justification of arrest and the sanctions of their

supervisors. Through the use of humour and conversation, they are attempting to 'calm the situation down' while also exhibiting choice as to the options to employ.

7.8 Priorities in Developing a Strategy of Least Time

Additional priorities are dependent on the interpretation of the officer. One of these considerations is the extent of officer involvement. Developing methods that result in the least time spent at the incident is important. This does not diminish the need to effectively resolve the situation, but rather recognises the time and organisational constraints involved in managing the mentally ill in the community. Finding ways out of this predicament becomes a priority.

Hospital as the most formal and logical place to take the mentally ill becomes the last resort for these officers. The bureaucratic nature of the formal response to the mentally ill deters the police officer from utilising the Accident and Emergency department at the local hospital. The formal approach as a means of managing the mentally ill is relegated to those cases where no other action is possible. The findings from this study are confirmed by Green [1997], Patch [1999] and Teplin et al [1992].

The informal disposals are those officers use most frequently, not only as a consequence of their discretion but also as a result of the difficulties within the system. The difficulties in inter agency working between the police and mental health professionals in particular points to a reluctance to become formally involved in the sanctioning of mental health disposals. Such difficulties involve the perceptions of each profession towards their role and responsibilities. The police remarked that they were often seen as 'dumping' people in the local hospital and leaving the health professions to deal with the situation.

The consideration of available resources enters the plans of the police. Thinking of what can be done at the start of the interaction is not unusual. As McConville et al [1991] remark, police officers often consider what actions to take prior to a deliberation of powers. In terms of the police with the mentally ill, this takes the guise of weighing up of the options that exist within the formal mental health system. The potential professional conflict that arises in the meeting of two social agencies has as much to do with practical considerations, rather than the ideological differences between the police and health and social services [Thomas, 1994]. The effects of hospitalisation and the limited co-operation of medical agencies indicate a prolonged and uncertain course of events for the police. The recourse to the strategy of least time aims to avoid these dilemmas and ensures the quickest way to exit the encounter, even if the options left are either informal or the utilisation of the criminal law.

The officers interviewed noted the reluctance of the medical profession to admit to hospital manifested itself in the diagnosis of personality disorder. This was a particular occurrence for officers in one station. The current situation regarding individuals with personality disorder centres on the need to establish effective services within the mental health system [Department of Health, 1999]. Again, this is within the context of risk and dangerousness [Mullen, 1999]. There are various issues around personality disorder, which have been highlighted over the last five years. With the predominance of specific cases, such as that of Michael Stone, questions have been raised regarding the notion of treatability and personality disorder. Under the existing Mental Health legislation if a psychiatrist deems those with personality disorder as untreatable, no services or care can be accessed. The consequences for the individual are various, with a deterioration of their illness. One other possible scenario is that such individuals return to the attention of the police.

The main concern for the officers was the use of this diagnosis on individuals they seen as in need of help, but who were denied it due to this label. Officers found out about this diagnosis when they escorted individuals to the local hospital. Officers felt it was the result of a lack of resources that led to the use of the personality disorder label, rather than issues of treatability. To the police, they were individuals in need of assistance, who then remained the responsibility of the police.

Officers look at the consequences of the actions they take, both for the present and for the future. More importantly for the officers is the perception that once the encounter has begun, they will be required to deal with the incident for the remainder of their shift. The informal options identified by officers in this study included persuasion, de-escalation techniques and existing police powers such as breach of the peace. The use of breach of the peace highlights that when all else fails a return to existing police powers is available [Green, 1997, Teplin et al, 1992]. It may also prove to be the first act to take, as officers know the parameters of the powers and its influence in the course of events. It provides the officer with some indication of the length of time they will be involved with the mentally ill. It primarily serves in offering a police solution to a social problem, where the alternatives on offer are finite. The police, however, question the appropriateness of this disposal.

The above rationale illustrates the police development of a strategy of least time, by using their existing powers and skills. These prove to be significant police methods of managing the mentally ill in the community. All this occurs in an arena where others question their presence and the police question what they can actually achieve.

7.9 The Use of Discretion

Different components contribute to the notion of discretion; the power of the individual officer to choose action from an array of possibilities; discretion as embodied in the law; and discretion as individual judgement [Reiss Jr, 1984]. Its importance within this research involves not only understanding what the police do, but also what cannot be achieved. Discretion implies that individual judgement also extends to the roles to be acted. To be a 'social carer' suggests a an extension of the police role. However, in questioning this, one is also questioning the function of policing generally.

Discretion is an essential part of the police role. It begins in their training as officers. Essentially it means that officers develop a reliance on their individual judgement and flexibility. How they use their discretion depends on the appraisal of the situation, in assessing the options, the appropriateness of the various methods available, and the likelihood of their success as a method of management. Discretion involves an acknowledgement of the particulars of the social situation and the interpretation of its features [Reiss Jr, 1984].

What this study indicates is that the police have limits to their use of discretion. By the nature of many incidents, the officers find that their discretion has restrictions. They have not only to satisfy the individual's need for resolution, but also to achieve this in a manner that is appropriate to outsiders' expectations. Thereby in deciding on the course of action, officers have to consider the external appearance of the encounter. This is in association with their appraisal of what can be done within the constraints of resources. It was particularly evident from this police perspective that external features of the interaction contribute to their judgements of action. These include

- The context of the encounter
- The combination of the internal and external consideration of priorities
- The immediate situation and the safety of self
- The outsiders' observations
- The police perspective of mental illness.

Equally relevant is how the police perceive their involvement with the mentally ill.

They have to consider both the control of the situation and the welfare of the mentally ill.

7.10 The Police as 'Social Carers'

One factor that is involved in the use of discretion is the dilemmas which arise from the care and control of the mentally ill. This is particularly pertinent when considering the position of the police as social agents within a socio-medical framework. They are often required to fulfil a social care role, maintaining the welfare of the mentally ill while managing unpredictable behaviour. Their involvement in social problems centres on their ability to negotiate their world and to conform to their duty of protection and assistance. The fact that the police cannot ignore this aspect of their work means that the role of discretion continues to play a significant part. This is through the choices made in classifying the individual and in deciding what to do next

The roles the police fulfil in these encounters are numerous and involve both clear and less obvious aspects. Officers are performing the role of 'informal social carers'. This is, however, from the standpoint of law enforcers. The police noted the social circumstances surrounding the mentally ill, noting their social exclusion and their placements within the community. The police see the mentally ill as 'victims', being vulnerable to a variety of social problems. The fact that the police have to manage the

mentally ill at times of crisis further complicates the police perception. The dichotomy between the care and control aspects of policing is demonstrated in these encounters with the mentally ill, [Stephens and Becker, 1994]. The police exhibit sympathy and understanding for the vulnerability of the mentally ill, their place in society and the problems of community care. This is in apparent conflict with the emphasis on violence and dangerousness and the need to establish order. The dilemma of care and control remains.

Through the use of discretion officers have to decide whether to act informally or formally. The preferred solution of taking the mentally ill to a mental health setting proves difficult to achieve. Police discretion in their encounters with the mentally ill also centres on the police need to find a solution in the short term. This involves their development of a strategy of least time, the officers' ability to enact the role of professional persuaders and to use their powers to end the incident.

However, officers still operate within the restrictions of the social context and social system. This implies that, while their choices may be endless in theory, in practice they are restricted to what is practical, legal and achievable. What officers tend to find in their encounters with the mentally ill is that they 'go beyond the law'.

Using a criminal power when the evidence of a criminal act is limited and informally applying the law becomes an essential part of police work. This is especially when the recourse to other more appropriate alternatives is restricted. In bending the law, the police attempt to find a solution, both for themselves and the mentally ill. Making the incident fit their available powers suggests the dilemmas posed in operating within a socio-medical context and determining a social conclusion. This also recognises the vulnerability of the mentally ill.

7.11 The Difficulties with Discretion

The notions of 'Catch 22' dilemmas and the belief in 'we cannot win, no matter what we do' characterises the overall police perception of their encounters with the mentally ill. The police often have difficulties in deciding what to do with the mentally ill and the resources available. The officers recognise that they are open to observation and criticism regarding the extent and nature of their actions. Within the context of mental illness, this manifestation of police control of a distressed individual increases their concern for accountability and acceptance. In justifying their answers and responses, the police acknowledge that they have to resort to what they consider the best available option. This may mean that to society, to their superiors and to themselves they go beyond the law.

The police attempt to understand mental illness and their role can be summarized in one phrase; 'what can they do'. The limitation of options that the police consider appropriate and necessary leads to a frustration towards the situation itself. In line with the police expectations, the practical solutions available often do not meet the requirements of the officers. Discretion suggests that the police have a multitude of options at their disposal to provide a solution to the social problem posed. In reality, discretion is used in the first stages of the interaction, in judging the actions and behaviours of individuals and deciding in the next course of action. When it comes to the final stage, the police find they reach a 'dead end'.

What emerge from these encounters are the police as first aiders and as street corner psychiatrists, [Green, 1997, Teplin et al, 1992] . The continuation of the police providing 'psychiatric first aid' to a group of distressed individuals is a result of several differing components;

- The police organisational structure and its twenty four hour function
- The expectation of the public in calling the police
- The diversity of the police role
- The recognition of the police as one of the dominant 'social work' agencies in the community [Bean et al, 1991].

One cannot deny the role of the police in the fulfilment of social orientated tasks in the community. However, their mechanisms for management continue to evoke dilemmas, both for them and for the police organisation.

7.12 The Short Term Response to the Mentally Ill

A short term solution is the best the police can envisage in their interactions with the mentally ill. When we are asking the police to deal with the mentally ill in the community, it is assumed that they will provide an immediate response to an immediate situation. It is not expected that they will provide a long term answer to the continual problem faced. What this means for the police, however, is that the recurring nature of encounters remains. There is a frequent resort to the short term, 'sticking plaster' solution. The use of their discretion is a response to the situation faced, rather than an attempt to solve the situation completely and finally.

In deciding on the way forward in dealing with the mentally ill, the police take on the role of social commentators and reformers, attempting to solve the social problem both ideologically and practically. Asking what the police need to clarify their role in relation to the mentally ill is not to assume that their role will be diminished or that they will cease to be a community 'treatment resource' [ref]. The solutions of the police point to a change in the wider system to meet their needs and those of the mentally ill. The variety of possible strategies suggested covers both the criminal justice and mental health systems. The overall emphasis, however, is in adherence to the need to formulate

and function within a strategy that resolves the situation as quickly as possible. The outcome here is the appropriate placement of the mentally ill within treatment services and the 'freeing' of the officer to continue what they see as their primary role of law enforcer.

7.13 The Function of Discretion

What does discretion achieve for the police ? It provides a basis for understanding the circumstances and dynamics of the event, in planning officers' individualised, but strategic formulation of action in relative autonomy and invisibility. This is central to understand any 'habitus' of the police. In this respect, discretion as a central and established component of the police role is almost an automatic mechanism or strategy for considering action.

However, this exists within the arena of rule enforcement and social expectations. The conflict for the police can be seen in the consequences of utilising their existing powers for an overt social problem. The more organisational conflicts that emerge say much about the difficulties in combining the ideology of mental health policy with the practicalities of implementation. The resulting picture is one that highlights the need of the police to continue and reinforce their role as 'psychiatric first aiders'. The police maintain that this approach is based on 'common sense' and 'intuition'. Their assessment of any situation revolves around the 'tried and tested' skills of a police officer.

A major issue regards the use of discretion by operational officers and the potential conflict with the expectations of the managerial officers dictating policy and guidelines. How this role fits with the wider structures including the police organisation itself is debatable. The organisational expectations of individual officers have to be seen in

context of the reality of practice and the unpredictability of managing the mentally ill.

As the divide between the expectations of the organisation and the practice of the officer illustrate, influencing and altering the practice of the officer is far from easy.

7.14 The Individual Officer and the Organisational Demands

One of the most pertinent issues arising is the connection of the individual officer to the aims and objectives of their force. In Bourdieu's terms, the 'habitus', beliefs and choices has to be placed in the context of the wider social 'field'. It is the result of 'feeling the game' [Bourdieu in Shusterman, 1999]. For the police officers, their habitus has certain elements which are in conflict with the police organisation. It is important to understand the connection between the two.

The work of Chan [1996] supposes that the 'cultural practice' of the police is the relationship between the habitus and the field. Within these frameworks there are not only the social and legal requirements of the police, but also the organisational environment surrounding their actions. It could be argued that the police habitus is a result of the following combination:

- their individual outlook
- the process of learning via experience
- the characteristics of the social situation/s
- the organisational arrangements that dictate 'what they should do'.

In reality the likelihood of tension increases when what they should do is not necessarily what they can do, or actually achieve in practice.

7.15 The Policies of the Police

What the police should do is indicated by the policies and procedures they receive from governmental guidelines and the police management. An important consideration

centres on the transferring of policy into practice, placing the organisational demands onto the practice of the officer. Whilst officers may be 'trained' via formal means in the essential components of police procedure, how they act and perceive in practice may be different.

Waddington [1993] points to the importance of policy interpretation, especially when officers are faced with numerous demands. Policy is often viewed as coming from the 'top down'. By establishing the ideological and practical dimensions of police practice, the police organisation is directing officers to the main notions of current practice. This may be seen as an attempt to formalise their behaviour. The police management are aiming to control the actions of their officers, ensuring consistency in approach and behaviour. However, the officers have to organise their working practice in such a manner that reflects their need to achieve organisation and solution in the face of dilemmas. Therefore,

“ how the police respond to the diversity of demands made upon them is decided almost exclusively by the lowest echelons in the organisation.”

[Waddington, 1993, page 156]

What is important is the appearance of any differences between the organisation expectations and the practice of the officer. Towing the organisation line may not always be possible. While acknowledging policy as procedure and guidelines, it is the presentation of practice that should be recognised [Grimshaw et al, 1987].

Can the policies and requirements of the organisational arena be imposed in practice?. The officers within this study displayed an appreciation of the core elements of the police role. While officers were aware of the policy dictating how they manage the mentally ill in the community, such as guidelines on the use of Section 136 and the various local schemes, in practice they continued to act informally. The predominant

issues remain the use of common sense and the skills used in every day policing. For some of the police management, the establishment of policy and procedure decreased the use of individual discretion by officers. What appears apparent is that the schemes and policies in practice were considered 'unworkable' by the police when dealing with a difficult situation quickly. It is clear that different forces and their policies produce differing responses, styles and outcomes [Reiner, 1992b], a conclusion supported by these findings. While policy may aim to be consistent and uniform, for individual officers their own assessment and negotiation of the environment remain dominant.

7.16 The Influence of Police Culture

The influence of the police culture on practice has often been held accountable for the ability of the police to decide and implement their own course of action. The power of the police culture facilitates officers in altering the policy of the organisation. Within the culture of the police emphasis is placed on the individual and collective beliefs and working practice. The findings of this research suggest that this culture, while not being dominant, has certain significance for the reality of police officers in the area of mental illness.

The culture of the officers in this study comprised the following characteristics:

- a recognition of the vulnerability of the mentally ill
- the inadequacies of the mental health system and the problems with multi agency working
- a belief in the unpredictable nature of the mentally ill, including the possibility of violence.
- the use of humour, both in dealing with the mentally ill and describing their encounters with them
- an adherence to the key methods of police work, including discretion and existing police powers

- a belief in a 'common sense' approach to managing the mentally ill, including their assessment of their problems.

For the officers in this study, there are several key considerations. These suggest a reliance on their own individualised dispositions as opposed to a reliance on the organisational structures. The lack of adherence to the formal schemes shows an awareness of the practicalities of policing a social problem in a law enforcing structure. Where schemes are in existence, the reluctance of the officers is such that they are not considered a viable option. For the individual officer, their use of the scheme is considered ad hoc and demonstrates a variance within the force. Officer knowledge and judgement continues to be prevalent. This is regardless of the managerial officers considering discretion to be a thing of the past in the police interactions with the mentally ill. Attempts at training officers to offer a uniform response do not diminish the use of informal approaches. Again, the inconsistent nature of such schemes means that the control of officers' actions through training becomes minimal.

The officer involvement in the decision making process continues to be limited [Goldsmith, 1990]. For while the officers remain social commentators in discussing the causation and solution of social problems, their role as policy makers is restricted to commenting on the options available and operating on a short term level.

Managing the mentally ill informally centres on methods of negotiation. The organisational response to the mentally ill and the development of an interagency approach are minimised. While remaining an organisational solution, for those operating in the community such responses have little impact. The reality for officers is that the solutions to the dilemmas posed have to remain with their own individual discretion and habitus.

7.17 'Managing the Police Officer'

Throughout this debate, we revisit the autonomy of the officer and its place within the organisational structure. The police are fundamentally decision makers [De Lint, 1998]. This has relevance for the area of discretion. However, it also has to be recognised that officers have additional powers. For,

“ although always a discretionary decision maker, the constable has only recently become a chooser.”

[De Lint, 1998, page 281]

Officers are often portrayed as agents of the bureaucratic process. However, the police are, in reality, the choosers of action. This insight is not new. What de Lint [1998] suggests is that this capacity is maximised through the use of formal training. By influencing, or in de Lint's [1998] terms 'shaping the officer', training could focus on their decision making process, alongside the imparting of information on the legislative and power structures in place.

Within this, situational factors, individual experience and interpretation are formalised and categorised [de Lint, 1998]. It organises the responses of officers on an individual level with an organisational structure. Conversely, the police culture maintains its presence and provides a relevant point of reference for officers. For any training would

“...attempt to rationalise judgement and structure decision, making police discretion consistent with organisational missions.”

[De Lint, 1998, page 289]

This process is one of analysis, looking at the various stages in interactions and their role within them. Subsequently they are converted to the organisational demands. However, the dilemmas with this approach centre on the ability to quantify its success or failure. De Lint's [1998] proposals indicate mechanisms by which to inform the

officers of the process involved in their social interactions. Alternatively, this attempts to 'quantify the qualitative appreciation of the event' [de Lint, 1998, page 298].

In assessing the individual response to organisational demands, themes emerge that point to differing layers of interpretation. The issue of the transition of policy into practice suggests that while the organisation directs officers in their working style, in reality the officers formulise their individualised response to the complex and diverse social interactions. This can be illustrated through the examples of the police forces in this research. While the police forces identified incorporated policy specifically for the police practice with the mentally ill, their use is not only limited but also differed from station to station. This finding is reinforced by Goldsmith's [1990] argument, which remarks on the influence of police culture in defining responses to such situations involving the mentally ill.

The joining of the internal preferences of the officer with external governance is often fragmented. In answer to these dilemmas, Goldsmith [1990] argues for the development of negotiated rulemaking. Suggestions put forward not only highlight the positive nature of discretion, but also its inclusion within a formal system of rule development.

The main component of this argument acknowledges the advantages of a system where the operational officers have input into rules that direct their actions. This increases the likelihood of compliance. For,

“.. It has been suggested.....that rules which are
internalised by those subject to them are more effective,
because they become part of the subject's modus operandi.”

[Goldsmith, 1990, page 97]

The promotion of joint rulemaking clarifies areas of police work that exhibit complexity and confusion. This serves as the organisational management of discretion.

However, for the individual officer it can be seen as providing further guidance and accountability in the administration of their tasks. The model allows for the possible development of differing styles of policing, including a more proactive approach. The implementation of the Crime and Disorder Act 1998 suggests that such an approach is increasingly likely, with its emphasis on community responsibility and joint partnerships.

The distinction between police tasks and the dilemmas arising from social problems enforces the argument for rule formation. Warnings, however, have to be made as to the extent of rules and the situations to be included. The end result may culminate in a curtailment of the police craft. Making the police response more predictable may not take into account or acknowledge the essential unpredictability of the majority of police encounters.

The arguments put forward by de Lint [1998], Goldsmith [1990] and Grimshaw et al [1987] recognise the diverging viewpoints and perspectives of the organisation and the individual officer. De Lint [1998] and Goldsmith [1990] suggest different approaches in an attempt to join the organisational aims with the practice of the officer. There needs to be an acknowledgement of the necessity of discretion and its role in the completion of police tasks. Equally, the need for the organisation to encompass the wider policy, social and political considerations has to be placed in context.

However, the police context is restricted to the demands, needs, and characteristics of the organisation. The police operate within a much wider context. These influence the actions and the role of the police. The reality of the police world recognises the social policy context in which they operate and its impact, both in the present and future.

7.18 The Reality of the Police World: Policy and Practice.

The police go into encounters with the mentally ill armed with a specific 'habitus', which places emphasis on the use of their discretion and the priorities in their strategy of least time. This informs the individual of their alternative options. It also develops into a way of thinking and being. Certain characteristics are core in the construction of the police role. Officers additionally recognise the importance of a service mentality and the inclusion of the police in diverse social problems. In doing so they are also conceding the importance of various social skills in communicating and managing crisis situations [Golden, 1982].

What does this mean for the police? In having such methods, the police have a selection of possible alternatives at their disposal. They resort to these particular features when managing their encounters with the mentally ill. How the police negotiate the social problem of mental illness and its visible social causalities involves potentially contradictory elements;

- as law enforcers
- as protectors of people and property
- as social reformers and social commentators.

In justifying their action, they are recognising their role as 'first aiders'. They do this through the use of the standard police response of self safety and in constructing their own understanding of the social process of mental illness. This behaviour tends to fall into the two divides of informality and the formal sanctioning of behaviour. The police were also frustrated by the inadequacies of the social system that brought the mentally ill to their attention. This division has potential conflict for the conscience of the police officer in the enactment of their role and through their use of force.

Throughout this, the police additionally attempt to avoid the bureaucracies and limitations imposed via the formal response to the mentally ill. The mentally ill as both victims and perpetrators confuses the situation. In seeing them as both, the police are justifying their resort to authority and their role as social commentators, a role usually assigned to Chief Constables [Loader and Mulcahy, 2001].

When reiterating their difficult position when dealing the mentally ill, they are explaining to themselves and each other that such encounters are entered reluctantly. People call the police because it is felt that they are the most suitable agency to deal with specific social problems [Shearing et al, 1977]. The police in this study confirm the frequent calls for assistance as a result of their duty to respond and to protect others. This element of the police world translates into the likelihood of their continued presence in the dilemmas inherent within the community. As the officers remark, when in doubt about a situation and the potential difficulties that may arise, the first response of the community is to call the police.

With their inability to refuse help, the police have to develop strategies and mechanisms that ensure their safety and the achievement of solutions. The avoidance of social problems, therefore, becomes impossible. Developing a framework of understanding, even unconsciously, is a prerequisite for formulating action. To call the police is to acknowledge that the situation is not only viewed as a crisis, but that a return to some form of order is required. Framing action within a law enforcement role, commonly associated with the police, subsequently requires the use of what is termed 'special procedures' and, in the words of the officers within this study, the 'bending of the law to get the job done'.

The spontaneity inferred by Bourdieu, in defence of the predeterminism of habitus, exists in terms of the officers' insistence in the individuality of cases and the need to respond to each incident as it arises. The foundation involved in such cases, to prepare for the interaction and to predict actions, is processed via the strategies developed. In dealing with the mentally ill, therefore, the officers go into the encounters with the anticipation of longevity, of frustration and of the difficulties in formally exiting the encounter.

The roles of the police in dealing with the mentally ill in the community acknowledge the reference made to existing and established police methods and skills. They use these skills and complete tasks under the guise of problem solvers. In conceptualising the modern role of the police, one has to question the expectations that are present, in society and in the police force itself. We return to the dilemma posed by Morgan and Newburn [1997] and Reiner [1992b] and reiterated by Waddington [1993]. We need to question whether the police are a force to exert authority and to maintain the status quo, or a service to administer solutions to a variety of dilemmas, social and legal, deviant and problematic.

The 'symbolic backdrop' of their interactions is important in understanding the functions of the police. This involves the wider context of policing, including the community itself. It influences their interaction with groups, especially those not defined as criminal. It also goes some way to explaining why the police resort to their endorsed methods of management, even with the mentally ill.

In intervening in the social problems of society, the police are offering a short-term solution to a long-term dilemma. The appropriateness of such involvement may prove to be irrelevant. Regardless of concerns over the criminalisation of the mentally ill

[Patch et al, 1999, Teplin, 1992b], society's reliance on the police and the concerns over their involvement, they maintain the function of restoring order. They are maintaining their position as 'frontline mental health workers [Green, 1997].

The policy context for the police involvement points to the various recourses to action that should be adhered to and sought, via wider policy objectives such as community care and the circulars introduced to formalise the police action towards the mentally ill. In examining the wider context, it is apparent that the police experience of mental illness is one possessed with difficulties. The interaction between the officer and their environment exhibits conflict in aims and objectives, between the subjective considerations of the individual and the external structures and guidelines.

The social policy surrounding mental illness has involved various policy objectives, notably the NHS and Community Care Act 1990 and the move towards deinstitutionalisation. This has been cited as providing a cause-effect influence on the numbers of police-mentally ill encounters. The wider context of mental health policy demonstrates a failure to cater for and design practice that corresponds to the expectations of society. The ideological basis and the expectations of community care, in particular, was an attempt to 'normalise' the mentally ill and avoid the stigmatisation of mental illness.

With the reform of the Mental Health Act, the suggestion for compulsory treatment in the community, the introduction of human rights legislation and the proposals for tighter management of personality disordered individuals, further examination of mental health policy is envisaged. The criticism levelled at this policy generally, and community care specifically, has been a result of the visible distress of the mentally ill and the manifestation of public fear in the cases of homicide by the mentally ill. The

expectations of the police in their interactions with the mentally ill arise from these external ramifications of mental health policy. In taking on the role of psychiatric first aiders, they are also involved in the external confirmation of the mentally ill as a social problem. Again, we return to the notion of the 'symbolic mentally ill' which is not only a police construction, but also a public image.

7.19 The Role of the Police Culture

This police culture is often seen as a negative and corrupting force [Chan, 1996]. Its ability to influence the actions of the police has been witnessed. Waddington [1999], in defence of the police culture, points to it as providing the police with a frame of reference. He sees the culture of the police as explaining to officers their role and experience, rather than the action taken. The police culture should, therefore, be appreciated. It encapsulates the 'essence' of policing and offers explanations of behaviour to officers themselves. It should be seen as 'the expression of common values, beliefs and attitudes within a police context' [Waddington, 1999, page 293].

The police use of discretion operates within cultural context. this will inform how that discretion is exercised. The issues raised when looking at the police culture include those concerned with gender and race. The role of women within the police has tended to be marginalized, with a limited number reaching the higher ranks of the force. The 'Gender Agenda' calls for action in this area that will fundamentally alter the cultural basis of the police. One other important issue concerns the police and race relations. The McPherson report highlighted the incidence of institutional racism and called for the police to develop strategies both in terms of race and gender. The challenge for the police force today is to adapt its 'canteen culture' to become more inclusive.

Culture is transformed, in Bourdieu's term, into the habitus of the police. This belief system is developed in practice. Waddington [1999] asks us to look at what the police are saying when referring to their culture, rather than its effect on actions and behaviours. The sensibility [Shearing and Ericson, 1991] in being a police officer is portrayed through the use of stories and the expressions of the police culture itself. The existence of police culture is not a new phenomenon, but rather is a constant and universal feature of the police world. It is one that appears stable within the constant change that has been a feature of the police domain.

Culture alone does not explain the actions of the police. Waddington [1999] argues that it should not be seen as a subverting force, corrupting the intentions of policy for the preferences of the individual officers. What this particular analysis implies is that the practice of the police is not necessary an extension of the statements made under the realms of the canteen culture. The police are not necessarily wholly responsive to the demands of the particular situation faced, but they are sensitive to the features and the possible outcomes of such events. The police are the 'playthings of situational constraints' [Waddington, 1999, page 302].

7.20 The Practice of the Police

It is apparent that a dichotomy remains. It centres on what the police can do and what they practice, with the emphasis being placed on the extent of the role of culture or habitus in influencing action. To achieve a more 'balanced' view, one has to recognise that in any profession there is a core set of beliefs which guide action. The police are no different. The features that differentiate the police from others are the visible nature of their role, the presumption of authority, the legality of their position, and the repercussions of action. The habitus serves the police officer as it serves any other

social agent, by providing strategies of action. Whether it is defined as a habitus within this specific theoretical framework or as a culture, the end result is a reference for action and for understanding.

The police, while experiencing possible constrictions on their practice, rely on their experience as police officers to manage the social interactions they encounter. Training provides some semblance of an organisational and consistent response. However, in reality, as highlighted by the police in this study, the social features of the encounter cannot be solely catered for in any training package. The similarities of the encounters themselves provide a blueprint for action. These blueprints also acknowledge the individuality of situations. What becomes important is the confirmation of the police culture within these encounters and their specific habitus in relation to their interactions with the mentally ill.

One has to remember the political and social context of policing, especially within a climate of performance indicators and efficiency drives. The police remain an economic service, providing a facility for their consumers [Sullivan, 1998]. This illustrates the need for the police to provide 'value for money'. This has to be achieved whilst also adhering to the aims of law and order, within specific budgets and designated objectives. Community policing can be seen as a move towards making the practice of the police structured to the needs of the community. The current emphasis on community partnerships, recognising the limitations of the police in managing crime in particular, signals the development of a proactive approach. The experiences of the community sergeant highlight the possible benefits of such an approach. It also clarifies the role of the police in relation to the community and recognises the importance of discretion as a working tool.

However, there is a danger when examining the police response to the mentally ill of emphasising the morality of officers in these interactions. In assuming that their action is either 'right or wrong', there may be a tendency to view them as primarily coercive agents of control, even when it is suggested that they are in fact more tolerant than many sections of society itself [Waddington, 1999]. Attaching labels is to attempt a subjective and moral definition of that behaviour. As Haines and Sutton [2000] remark, criminological theory involves judgementalism, dissecting morality from empiricism. The moral and subjective classification of mental illness can equally apply.

In describing and diagnosing mental illness we are in fact deciding on what is normal and what is not. To involve the police in such process is to recognise them as social agents at a crucial point in society. The police act in the way they do as a result of the defining features of their environment. While the issue of mental illness and the police response in the community poses specific problems, repeated issues remain, including the unpredictable nature of the encounter itself.

The police are a service with several defining features:

- The power and ability to use force
- The inability to refuse to assist
- The twenty four facility
- The powers to search, arrest, and detain individuals.

While the police are seen as distinct, one needs to question the extent of any difference with other professions, including social work, psychiatric nursing and probation. Each has the capacity to use controlling aspects that the police may see as solely their remit. From my own observations and perspective there are similarities between police officers and mental health professionals, specifically in how they manage the

environment. This includes the negotiation of safety, the emphasis on risk and the use of 'black humour' to survive their shift. The management of working environments may require similar characteristics to maintain a sense of balance.

7. 21 The Continuation of Police Encounters with the Mentally Ill

What has been demonstrated by this study is that the police encounters with the mentally ill, the police perceptions, their actions and the options available to officers have continued to remain the same. Regardless of social policy and organisational changes, the interactions of the police with the mentally ill continue to exhibit the same features and dynamics. The police retain their role as 'psychiatric first aiders', at the forefront of social problems, maintaining their discretion to decide and resolve the social problems they encounter.

As Bourdieu demonstrates, the habitus provides individuals with strategies and considerations for choice. This particular habitus, although centred on the police interaction with the mentally ill, can be transferred and utilised in describing the police world of encounters. While this study does not claim to decipher the entire world of the police, it does aim to provide indications of possible courses of action taken by the police and their rationale for such behaviour. It offers one perspective in which to view police behaviour and the tasks and roles they perform.

Reference has been made to the relevance of previous research in confirming these findings. These studies have indicated that the police possess certain roles and utilise possible routes of action in their interactions with the mentally ill. To try and distinguish the police actions with the mentally ill from their interactions with other groups in society, one has to remember the uniqueness of the police role, as a twenty four hour 'trouble-shooting service' [Shearing et al, 1977]. Whatever the basis and the

circumstances of the police interaction with individuals, the expectations of the police include their ability to respond to any crisis and any situation.

A review of the research into the specific notions of policing the mentally ill has, thus, tended to demonstrate the police categorisation process of labelling behaviour [Teplin et al, 1992], identified the problems faced by the police and their subsequent response [Mathews Jr, 1970], and offer explanations as to how they determine action and their use of discretion. The findings of this research aim to show that, whatever the social climate, the issues facing the police in their interactions with the mentally ill continue; with similar problems, similar processes and similar solutions.

In using Bourdieu, an effort has been made to try and explain why. Combining the wider social environment with the individual 'habitus' of the officer has highlighted the dilemmas in placing organisational demands and expectations onto the practice of the officer. The wider context of mental health not only includes the police official response, but also social policy. This provides a framework for understanding the reasons as to why the police continue to be involved in the social problems of society. The police-mentally ill interaction process is influenced by both internal and external factors; the officers' individual beliefs, the conception of their role, the influence of outsiders to the process, the expectations of others and the contextual arena of the police organisation. It is anticipated that not only will these features continue to play a fundamental part, but that this particular encounter, between the police and the mentally ill, will continue as long as the police have a role within society.

Chan [1996b] highlights the issues for criminology generally in responding to the reflexivity of Bourdieu's perspective, in determining the location of the criminologist in the field of criminology. In describing the individuality of the police encounter with

the mentally ill, this study has documented Chan's description of the logic of the field, in recognising the position of the researcher in the process, the reliance on existing social theories, and the relevance for policy of such research .

The development of criminological thought since the Thatcher years of government has demonstrated a tendency to deconstruct the elements of crime and crime control, focusing on the divergence of the wider issues through to the new realist perspective, and the emphasis on marginal groups and situations [Jefferson and Shapland, 1994]. The police, however, continue to have a place within the wider examination of the actions of public agencies. For ,

“The end of the decade saw no let up in the activity in the arena of criminal justice, with the police, the prisons and the courts the subject of public concern and official scrutiny.”

[Jefferson and Shapland, 1994, page 283]

This research has, therefore, continued the process of examining the police as a social agency and as part of the wider social structure. The examination of individual experiences offers a snapshot of the police experience and an appreciation of the context of their actions.

7.22 Limitations of the research

This research has highlighted the experiences of the police and their response to the mentally ill in the community. However, there are certain limitations to the study which place the findings in context. These involve methodological and practical issues.

The obvious limitation of the research was the difficulty in obtaining direct observation of police practice. The advantages of witnessing the practice of the police would have enabled a more thorough insight, examining how the police and the mentally ill interact.

Additionally, this cannot be a comparative study. Its aim was to examine the experiences of officers in a specific geographical location. It was a picture of police involvement with the mentally ill. No quantitative data was accessed, primarily as a result of lack of monitoring. This also means that no comparisons can be made. The reliance was on interviews with various police officers. The conclusions are therefore limited to this group of officers. Additionally, this would make the study difficult to replicate.

The areas examined in the research attempted to provide an overview of the police experience. However, one omission was the issue of substance use and mental illness. Whether this was due to the perceptions of the officers interviewed or the questions asked at interview is difficult to ascertain. As a result, this topic was not discussed. Given the complexity of mental illness and the prevalence of substance abuse, this was an interesting exclusion.

Having recognised the limitations of the research, it is evident that future methodologies would benefit from

- Random selection to test out the hypothesis that the increase in mentally ill in the community has facilitated a change in roles and practice of the police.
- Direct participant observation of police practice
- A greater number of interviews with female officers to examine any gender differences in approaches to the mentally ill.
- The involvement of service users
- Investigations concerning the role of drug and alcohol use

7.23 Recommendations

From this research, it is evident that there are several issues that have significance for the police. One issue is also clear; the police will remain central in the care of the

mentally ill in the community. The recommendations suggested include both local policy suggestions and practical considerations. They recognise that the police require more effective mechanisms to manage the mentally ill in the community. What recommendations that can be made include the following:

1. Training in mental illness. Whilst training was seen as minimal in terms of content and impact, there is a strong argument for developing a consistent training package that addresses several key areas for the police. This is a difficult issue. The police are expected to understand a variety of different areas. Any training package has to recognise the local experience of the police.

Training could include the following areas:

- *Changes to the Mental Health Legislation.* It is anticipated that there will be changes to the 1983 Mental Health Act. There is also the possibility that these changes will involve the police in several areas, especially when managing those considered high risk. If the reforms are implemented, the relevance for the police will include developments in new services, the use of compulsory powers in the community and concerns around risk.
- *The Classification of Mental Illness,* including personality disorder. There appeared to be some confusion as to the different types of mental illness presented by individuals in the community. While the police should not be trained as clinicians, there is a case of aiding officers in the identification of illness rather than relying on more general concepts.
- *The Presentation of Mental Illness,* including the signs of distress. For officers, the main dilemma centred on the behaviour of the individual and their

understanding of mental illness. Two of the training packages examined considered this area as important. This will assist officers in understanding the difficulties and complexity of mental illness.

- *The Effect of the Police on the Individual.* Equally important is the development of self awareness in officers as to the effect of their involvement on individuals. Officers did exhibit some understanding of their influence on others' behaviour. This is an area that would facilitate the police further in their approach to the mentally ill.
- *Cultural and Gender Issues.* It is important that any training package takes into account the cultural context and issues relevant to the experience of ethnic minorities. There are various concerns over the inclusion of ethnic minorities and the criminal justice and mental health systems.
- *Drugs and Alcohol.* The impact on mental illness. Mental illness is a complex disorder. When this is exacerbated by the use of drugs and alcohol, the situation is further complicated. It is important that officers are aware of this issue and the possible issues that arise.
- *Local Schemes and Local Agencies.* It was apparent that the actions of officers were in response to local problems and dilemmas. Often they obtained information and knowledge through their various experiences. There may be a need to inform and train officers in the relevant issues in the local community, including the various schemes, local hospitals and hostels.

There are various mechanisms to achieve this. The development of diversion schemes has provided officers with links into service with specialist knowledge. This may be a

mechanism for training officers in the basic areas of mental health and increasing knowledge regarding local developments. There is also in argument for developing the use of distance learning packs. However, whilst these may be practical for the police, the monitoring of training is difficult. Any training initiative should begin whilst officers are still on probation and undergoing their basic education.

2. The Development of Local Schemes. Whilst some officers did not recognise or use the existing schemes, there is some evidence that well co-ordinated projects aid the police and the mentally ill in the criminal justice system [Rix 1994]. These include mental health liaison officers and local forums. It is evident that the police play a significant part in the management of the mentally ill in the community. Any approach should recognise the complexity of the situation and the need to coordinate responses. Any local scheme or project should also knowledge the skills of the police and the importance of their contribution. Lessons can be learnt from the development of juvenile panels, multi agency risk panels and other established forums which link a variety of agencies from the public sector. Such schemes, however, should not rely on the personalities of the participants to develop the project or maintain its success, but rather be based on robust policies and guidelines.

3. Resources for the Placement of the Mentally Ill. One of the main dilemmas for the police was the placement of the mentally ill once they came to the attention of the criminal justice system. Several officers remarked on the need for treatment centres for those at crisis point and who could not be admitted to hospital. It appears that the pressure on resources means that local hospitals do not have the facilities to deal with police referrals. Such treatment centres could provide assessment and short term specialist care. For the police, this would be a more appropriate solution that would

allow them to return to the community and for the mentally ill to receive treatment. The solutions available include:

- **Specific Section 136 Suites.** At the time of the research, and from further correspondence, there are still no dedicated section 136 suites within the local areas. Such a facility would resolve many of the issues pertinent to the police. However, the problem of resources remains. Whilst other suites have been developed elsewhere, in the local areas there are still pressures on psychiatric services.
- **Identified Crisis Intervention Teams.** Whilst crisis intervention teams have developed in the local areas that were involved in this research, there is an argument for establishing a more structured response and procedure. This would formally establish links between the police and the mental health system.

4. Sharing of Agency Information and Resources. In the area of mental illness, the number of services and agencies involved with an individual are numerous. The various changes to mental health policy have meant that responsibility has been fragmented. For the police, sharing information and resources further provides them with a consistent response to the mentally ill. The police highlight the importance in knowing their area and any developments that occur. By sharing information and any relevant resources, the police would be better informed of the options available. Equally, the mentally ill would receive treatment from more relevant and suitable agencies. The solutions available have both procedural and resource implications:

- **Identified Mental Health Link Workers.** These workers should be identified both within the police and in local social and health services. The purpose of

developing such posts would be to provide clear lines of communication and demarcation, with both services being aware of roles and responsibilities. The evidence of the more successful schemes [Rix, 1994] recognises that there needs to be a awareness of different professional ideology and methods of working.

- **Clear Guidelines on the Issue of Confidentiality.** One of the major issues in sharing information between agencies is confidentiality. The police felt that they could not obtain the relevant information that would help them assist the mentally ill in the community. Equally, there are fundamental concerns regarding the disclosure of client information and the relevance of data protection information. There is an argument for the development of a protocol that both protects the individual, but also aids the police.
- **Local directory of resources and policies.** As mental health policy has changed significantly over the last twenty years, the development of new systems, initiatives and schemes has been prolific. The police acknowledge the need to know the situation in their local area. Yet they are often unaware of local service planning and the establishment of new units. One solution may be a process of involving and informing the police of local policies and services. This has the advantage of providing further access to appropriate resources. The police may also then be aware of the type and numbers of mentally ill in the community and be more prepared for any issues that arise.

There are wide implications for the treatment of the mentally ill in the community.

These include awareness and perception of mental illness, its presentation and the experiences of the mentally ill through their contact with the police. The police handle difficult situations with a variety of methods.

7.24 Conclusion

What is clear is that the police have a pragmatic response to the care and management of the mentally ill in the community. When dealing with the various incidents that arise, the police have to assess the situation, manage any risk and face the dilemmas of dealing with vulnerable individuals. The police in this study recognised the complexities of mental illness. How they manage and negotiate these difficulties is by relying on their skills as officers. It is the nature of police work that is highlighted in their involvement with the mentally ill. The decisions made by these officers are characterised by their understanding of the community, the local resources and an awareness of the need to re-establish order. The police resort to making pragmatic decisions because that provides them with the most appropriate method available.

Police Interview Schedule The Mentally Ill and the Police

1998

Group number

Individual officer details: Rank

Length of Service

Role

Areas

1. Context and Experience of Mentally ill
2. Cues for Mental Illness
3. Decision making process
4. Perceptions of the encounters and the police role

1. Experience of the Mentally ill - context

Involves examining the frequency, social context the source of referral, location, time of day etc

- 1a) How do you first become involved with the mentally ill – how is contact established
- 1b) What is the most frequent time for contact
- 1c) Who provides the main source of contact
- 1d) Where do you see the mentally ill – i.e. the streets/public or private settings, at the police station, or via other agencies
- 1e) What incidents usually determine police involvement or action

2. Cues for mental illness – identification

Involves general impressions, how individuals are defined as mentally ill, what behaviour indicates mental illness

- 2a) What tells you someone is mentally ill

- 2b) What is the typical behaviour and actions of the mentally ill encountered
- 2c) What skills do you use to make this assessment
- 2d) How is this confirmed

3. The decision making process – factors considered

Involves the first actions of the officers, the police perception of their role in these encounters, actions taken and factors taken into account

- 3a) What do you do first
- 3b) What are priorities
- 3c) Who is contacted
- 3d) The process of the encounter – what happens next
- 3e) What action is taken and the rationale used
- 3f) How do you see your role in these situations

4. The police perceptions of their interactions and their role

Involves how they view their involvement with the mentally ill, dilemmas, solutions and their overall perception of this area of police work

- 4a) Have the numbers of mentally ill people who come into contact with you increased and what has the effect of this increase been
- 4b) Have the interactions/situations with the mentally ill changed – if yes, how
- 4c) Are there any dilemmas in your involvement with the mentally ill – what are they
- 4d) What do you think you should do with the mentally ill
- 4e) What are your management techniques
- 4f) What training or schemes help you in your involvement with the mentally ill
- 4g) Solutions – what would make the situation easier or better to deal with

Police Interview Schedule**Police Response to the Mentally ill – Managerial Officers**

1998

Individual Officer details

Rank

Role

Length of Service

Areas Covered:

1. The Police Involvement with the Mentally ill – context
2. The Policy of the Force for Dealing With the Mentally ill
3. The Practical Implementation of Policy

1. The Police Involvement with the Mentally ill – context

- 1a) Has the police involvement with the mentally ill increased
- 1b) In what areas do the police deal with the mentally ill
- 1c) What effect has wider social policy had on the actions and practice of the police service
- 1d) Do you see any changes in this police involvement
- 1e) What do you see as the main role of the police in these situations
- 1f) What should be the police role when dealing with the mentally ill

2. The Policy of the Force for Dealing With the Mentally ill

- 2a) What is the policy of the police service in dealing with the mentally ill
- 2b) What specific schemes have been developed by the force
- 2c) How do these schemes work
- 2d) What is the rationale for such schemes
- 2e) How is the scheme monitored and evaluated
- 2f) What have been the benefits and drawbacks for such schemes/policy developments
- 2g) What do the police perceive as the outcomes for such policy objectives

3. The Practical Implementation of Policy

- 3a) How do you view the effectiveness of the schemes
- 3b) What has been the effect on multi agency working
- 3c) How has police practice changed
- 3d) What do you see as future developments in this area for the police service

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